



**AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION**

P.O. Box 104
Hebron, CT 06033

Please answer every question on the application.
Please type or print clearly.

Date _____

Position Applied For		Date Available For Work	Desired Hourly Rate
Name (last)	(first)	(middle)	Telephone Number (include area code)
Present Address (no., street, city, and zip code)		How long have you lived at this address?	
Social Security No.		Draft Status	
In Case of Emergency Notify: Name		Relationship	
Address		Phone No.	
How were you referred to us?			
Employee _____ Advertisement Name _____			
Other _____			
Answer only if applicable			
Military /Reserve Service	Branch	Highest Rank	Type of Discharge
Do you have other employment, own or operate a business that would continue if employed here? Yes			
Please explain. No			
Have you ever filed a claim for workman's compensation? Please explain.			
Have you ever been convicted of a crime? Please explain.			

EDUCATION

	Name & Location of School	Dates		Years completed	Did you graduate?
		From	To		
High School					
College/University					
Other					

EMPLOYMENT HISTORY Please start with your present or last employer and work back.

Dates Employed				Employer's Name and Address			
From		To					
Mo.	Yr.	Mo.	Yr.	Supervisor's Name, Title, and Phone No.			
Starting Salary/Position							
Last Salary/Position				Describe your duties.			
				Reason for Leaving			

Dates Employed				Employer's Name and Address			
From		To					
Mo.	Yr.	Mo.	Yr.	Supervisor's Name, Title, and Phone No.			
Starting Salary/Position							
Last Salary/Position				Describe your duties.			
				Reason for Leaving			

List 2 references that are not members of your family that we may contact. Include name, address, and phone #

I certify that the information I furnished to all of the questions on this application are to the best of my knowledge true and that I have not withheld any pertinent information. I hereby authorize Picture Perfect Landscape, LLC. to make any investigation of my background deemed necessary.

I also understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal or separation from employment. I understand that employment with Picture Perfect Landscape, LLC. may require passing a medical exam.

Date _____ Signature _____

Office Use
 Hired? _____ Salary or Wage _____ Employer Signature _____ Date _____