

TED COLLINS ASSOCIATES, LTD.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____ Pay Expected _____

Primary phone _____ Alternate Phone _____ Email address _____ Date Available _____

How did you learn about our organization? _____

Have you ever applied for employment with us? Yes _____ No _____

If yes, what month & year? _____

Apart from absence for religious observations, are you available full time? Yes _____ No _____

If no, what hours are you available? _____

Will you work overtime if asked? Yes _____ No _____

Do you have a New York State drivers license? Yes _____ No _____

Do you have a New York State Commercial license (CDL) Yes _____ No _____
Class A _____ B _____ C _____

Are you 18 years of age or older? Yes _____ No _____ If not, please state your age. _____

What is the date of your last physical? ____/____/____

Do you hold a valid medical certificate? Yes _____ No _____

Are you a U.S. Citizen or permanent resident alien? Yes _____ No _____

If not, what is your immigration status? _____

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS AND IDENTIFICATION WILL BE REQUIRED.

POSITION DESIRED:

- | | |
|------------------------------|--------------------------------|
| _____ Landscape Planting | _____ Large Tree Transplanting |
| _____ Landscape Construction | _____ Tree Pruning |
| _____ Landscape Maintenance | _____ Sales & Design |
| _____ Lawn Care | _____ Office |
| _____ Plant Care | _____ Mechanic |
| _____ Nursery | |

Special Skills / Equipment Operation (describe) _____

Other Experience / Qualifications _____

Pesticide Certification # _____

EDUCATION	HIGH SCHOOL	COLLEGE	OTHER
SCHOOL NAME			
YEARS COMPLETED			
DIPLOMA/DEGREE			
COURSE OF STUDY			

EMPLOYMENT Start with your present or most recent job:

Company Name	Telephone
Address	Employed From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
State Job Title and Describe Your Work	Reason For Leaving

Company Name	Telephone
Address	Employed From: _____ To: _____
Name of Supervisor	Weekly Pay Start: _____ Last: _____
State Job Title and Describe Your Work	Reason For Leaving

May we contact previous employer(s)? Yes _____ No _____
 If no, state the employer and the reason why. _____
 Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____
 If yes, please describe in full detail. _____

REFERENCES

Name	Relationship	Phone #
Name	Relationship	Phone #

DECLARATION AND CERTIFICATION:
 As an applicant for employment, I certify that the information on this application is accurate and complete and subject to verification. I hereby release Ted Collins Associates, Ltd. and any persons, companies or corporations supplying such information from all liability or responsibility any damage arising therefrom. I consent to taking the physical examination for employment and such future physical examinations as may be required by Ted Collins Associates. I understand that any misrepresentation or omission of the facts made on this application is sufficient grounds for immediate discharge. Further, I understand and agree if employed, my employment will depend upon my satisfactory performance and Ted Collins Associated determination of the need of my services. Also, if employed, I agree to confirm to the personnel policies of Ted Collins Associates. Nothing contained in this employment application or such personnel policies is intended to create an employment contract between Ted Collins Associates and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me and no such promise or guarantee is binding on Ted Collins Associates unless made in writing to me.

SIGNATURE OF APPLICANT: _____ DATE: _____