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APPLICATION FOR EMPLOYMENT

Please print clearly and answer all questions thoroughly. The answers that you provide will assist us in evaluating your eligibility for future vacancies. We encourage you to attach a resume if available, however we ask that you complete all of the information that is not on the resume. (For example: Employer phone number, supervisor, pay rate/salary, reason for leaving, etc.)

Name: _____ Date: _____
Last First M.I.

Address: _____
Number Street City/Town State Zip Code

Phone: _____ Social Security #: _____
Home Work/ Cell

Referral Source: Advertisement _____ Employee _____
 Walk-in Other _____

Position Applying For: _____ Pay Desired: _____

Work Preference: Full-time Part-time Summer # Hours _____

When are you available to work? _____

Have you ever applied here? _____ If so, date(s) _____

Have you ever been employed here? _____ If so, date(s) _____

Do you have any friends or relatives working here? _____
If so, whom? _____

Have you a valid driver's license? _____ Class? _____ CDL? _____

License Number: _____ May we do a record check? _____

Have you ever been convicted of a felony? _____ If yes, please explain:

Are you eligible for employment in the United States? Yes No

Have you ever been in the military? _____ If yes, Branch _____

Rank _____ # years _____ Year Discharged _____

EMPLOYMENT HISTORY

Starting with most recent

Employer	Telephone
Address	Pay Rate/Salary
	Starting _____ Leaving _____
Name of Supervisor	Type of Business
Job Title	Dates of Employment
Job Duties	Reason for leaving
What did you like best about the job?	What did you like least about the job?

Employer	Telephone
Address	Pay Rate/Salary
	Starting _____ Leaving _____
Name of Supervisor	Type of Business
Job Title	Dates of Employment
Job Duties	Reason for leaving
What did you like best about the job?	What did you like least about the job?

Employer	Telephone
Address	Pay Rate/Salary
	Starting _____ Leaving _____
Name of Supervisor	Type of Business
Job Title	Dates of Employment
Job Duties	Reason for leaving
What did you like best about the job?	What did you like least about the job?

May we contact all of the employers listed? _____ If not, which ones should we not contact, and why?

EDUCATION

Type of School	Name and Location of School	Major or Course Of Study	Number of Years Completed	Did you Graduate?	Diploma Or Degree?
High School					
College					
Business/Trade					
Other					

Please list and describe any other special training, certifications or licenses that you feel directly relate to the position you are applying for.

Please list three business and/or professional references that we may contact who can comment on your character and reliability. Business and professional associates preferred.

Name	Occupation	Company Name	Address	Daytime Phone Number

PLEASE READ AND SIGN FOLLOWING PAGE

