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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: _____
Last First M.I.

Address: _____
Number Street City/Town State Zip Code

Phone: (____) _____ (____) _____ Email Address: _____
Home Cell

Referral Source: Advertisement _____ Employee _____
(source) (name of 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.

REFERENCES

Name	Occupation	Company Name	Address	Daytime Phone Number

PLEASE READ AND SIGN BELOW AND NEXT PAGE

If you have any questions regarding the following statements, please ask them before signing. Davis Landscape Company, Inc. (hereafter called DLC) is an Equal Opportunity Employer and does not discriminate in hiring or any employment practice on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination. This application will be given every consideration, but our receipt of it does not imply that you will be offered employment. By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions will be cause for rejection, or will be cause for subsequent dismissal if you are hired. By signing your name below, you understand that nothing contained in this application or in the interview process is intended to create an employment contract between DLC and you. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and DLC retains a similar right. By signing your name below, you authorize DLC to investigate your references and employment history with other employers and hereby grant an unconditional privilege to any such references and employers to communicate to DLC about you, and you hereby waive and release in advance any claim against said references or employers that may arise out of said communications.

I hereby acknowledge that I have read and understood the above statements.

Signature of Applicant

Date

BACKGROUND CHECK AUTHORIZATION

CONFIDENTIAL

Print Name: _____

(First) (Middle) (Last) Former Name(s) and Dates Used:

Current Address Since: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____ Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Davis Landscape Company, Inc. (hereafter called DLC) and its designated agents and representatives to conduct a comprehensive review of my background, causing an investigative report to be generated for pre employment purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to DLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. DLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:
