

TOWN & COUNTRY ENTERPRISES, INC.

LANDSCAPE DESIGN, CONSTRUCTION, MAINTENANCE & SNOW/ICE CONTROL

1355 Allen Road
Penfield, N.Y. 14526
(585) 872-5073
Fax (585) 872-5939

Employment Application

Please read the application carefully and print all answers.

Name(First, Middle, Last)

Social Security Number

Address City State Zip Telephone

Have you ever been convicted of a felony? Yes_____ No_____
If yes, describe in full_____

Do you have or can you obtain necessary documents that would permit you to work in the United States?
Yes_____ No_____

Have you ever been discharged or asked to leave a job? Yes_____ No_____
If yes, Please describe in full the circumstances surrounding your discharge:_____

Position applied for:_____

What wage/benefits do you expect?_____

When are you available to start work?_____

Are you available to work overtime and weekends?_____

Are there any hours you are unwilling to work?_____

List any skills, qualifications, courses or training you have that relate to the position for which you are applying.

Do you presently have a valid driver's license? Yes _____ No _____ License # _____

If yes, list class & endorsements _____

Have you had any traffic violations, automobile accidents, or vehicle related convictions within the last 5 years?

Yes _____ No _____

If yes, please describe: _____

Are you willing to undergo, if required by the position, a physical examination and/or blood or urine analysis?

(Note: This analysis may test for controlled substances) Yes _____ No _____

The result of any physical examination will be considered for employment purposes only as it is related to the ability to perform the essential functions of the position for which you would be employed. All results are kept confidential.

How did you hear about Town & Country Enterprises, Inc.? _____

Educational Record

School Name & Location	Course of Study	Dates	Did you Graduate?
College _____			Yes _____ No _____
High School _____			Yes _____ No _____
Other _____			Yes _____ No _____

Are you a Veteran of the U. S. Military Service? Yes _____ No _____

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes _____ No _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? _____

Please Describe: _____

In Case of Emergency Notify

Name	Address	Phone

EMPLOYMENT RECORD

Please begin with the most recent position you held.

1. _____ From _____ To _____

Name & Address & Phone # of Company _____

Describe the type of work performed _____

Starting Salary _____ Ending Salary _____ Name of Supervisor _____

Reason for Leaving _____

2. _____ From _____ To _____

Name & Address & Phone # of Company _____

Describe the type of work performed _____

Starting Salary _____ Ending Salary _____ Name of Supervisor _____

Reason for Leaving _____

3. _____ From _____ To _____

Name & Address & Phone # of Company _____

Describe the type of work performed _____

Starting Salary _____ Ending Salary _____ Name of Supervisor _____

Reason for Leaving _____

Can we contact the employers listed in the Employment Record Section? Yes _____ No _____

If not, indicate the one(s), which you do not wish us to contact and state the reason why not:

Please list the types of machinery you can operate: _____

List 3 things you look for in a company when seeking employment: _____

List 3 incentives you desire in order to stay with a company for a long period of time _____

Why should this company hire you? _____

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMILLAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I ALSO AUTHORIZE ANY BACKGROUND CHECKS THAT MAY BE DONE AS A PART OF THE EMPLOYERS HIRING PROCESS.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.”

Date _____ Signature _____

REFERENCES

1)

2)

3)
