

# AB HARDSCAPE AND DESIGN

## Employment Application



(717) 806-0973 - abhardscape@epix.net  
www.abhardscape.com

### PERSONAL INFO

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary/Wage	
Position Applied for		Part-Time (Seasonal) <input type="checkbox"/> <span style="margin-left: 100px;">Full-Time <input type="checkbox"/></span>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have a current Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CDL?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a motor vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

### FIELD EXPERIENCE

Do you have any experience with Machinery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, list below.
<hr/>			
Do you have any Hardscape Experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, list below.
<hr/>			
Do you have any Landscape Experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, list below.
<hr/>			
Do you have a current Pesticide Applicator's License?	YES <input type="checkbox"/>	No <input type="checkbox"/>	

If applicable, please list any additional Certifications you have:

--	--

### EDUCATION- (COMPLETE AS APPLICABLE)

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

<b>PREVIOUS EMPLOYMENT- (COMPLETE AS APPLICABLE)</b>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES- (LIST ON BACK OF APPLICATION IF MORE SPACE NEEDED)**  
*Please list three professional references. Provide Name, Phone, Address and Relationship (if applicable).*

- 1)
- 2)
- 3)

<b>DISCLAIMER AND SIGNATURE</b>
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I understand if this application is accepted, I may be subject to take a Drug Test and/or Background Check; I must pass Drug Test to be hired for employment.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>
<p><b>Signature:</b> _____ <b>Date:</b> _____</p>