

**Zullinger - Brenize
Outdoor
Design & Maintenance Inc.**
10004 Rowe Run Road
Orrstown, PA 17244
(717) 530-8942

APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled veteran.

GENERAL INFORMATION

Name	(Last)	(First)	(Middle Initial)	Home Telephone

Address	(Number and Street)	(City)	(State)	(Zip)	Other Telephone

Are you legally entitled to work in the US?	Social Security #

Person to Contact in Case of Emergency (include Name and Phone Number)

POSITION: Position or Type of Employment Desired (Full-Time/Part-Time)	Date Available:

Will you be able to perform the duties of the position for which you are applying with, or without accommodation? Yes No

Do you have a valid Commercial Driver's License? Yes No Class: _____

Are you willing to work Overtime? Yes No

Do you have a valid Driver's License? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you had any traffic violations in the past 5 years? Yes No

Describe:

Describe:

Applicable License, Certificate or Registration?	Number	Where Issued	Date of Issue	Expiration Date

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Include any work experience that is applicable to Landscaping/Lawn Maintenance)

EMPLOYER Name and Address	
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Telephone Number	Dates of Employment	Hours Per Week	Supervisor

Specific Duties

Reason for Leaving

EMPLOYER Name and Address

Telephone Number	Dates of Employment	Hours Per Week	Supervisor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specific Duties

Reason for Leaving

EMPLOYER Name and Address

Telephone Number	Dates of Employment	Hours Per Week	Supervisor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specific Duties

Reason for Leaving

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

I swear all statements are true and correct. I understand that false information may be cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's comments: