



RAYMOND LANDSCAPE NURSERY  
3978 OLD KY 17, COVINGTON, KY 41011  
(859)356-6000 FAX (859)356-6193

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## APPLICATION FOR EMPLOYMENT

TODAY'S DATE:

\_\_\_\_\_

SOCIAL SECURITY NUMBER:

\_\_\_\_\_

NAME:

\_\_\_\_\_

Last

First

Middle

EMAIL:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE NUMBER:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

DRIVER'S LICENSE NUMBER:

\_\_\_\_\_

DEPENDABLE TRANSPORTATION? \_\_\_\_\_

CAN YOU DRIVE A MANUAL TRANSMISSION? \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

TOTAL HOURS AVAILABLE WEEKLY: \_\_\_\_\_

HOURS/DAYS NOT AVAILABLE: \_\_\_\_\_

**EDUCATION**

LAST SCHOOL ATTENDED: \_\_\_\_\_

TEACHER/COUNSELOR REFERENCE: \_\_\_\_\_

MAJOR COURSE OF STUDY: \_\_\_\_\_

LAST GRADE COMPLETED/GPA: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_

WHAT INTERESTS YOU ABOUT THE LANDSCAPE/NURSEY BUSINESS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE**

**List your last four employers below, starting with the most recent.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION/SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION/SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION/SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION/SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES**

List three people whom you have known at least one year. Do not list relatives of anyone employed by this company.

<u>NAME</u>	<u>ADDRESS/PHONE</u>	<u>BUSINESS</u>	<u>YEARS KNOWN</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been convicted of a felony? YES\_\_\_\_\_ NO\_\_\_\_\_**

(If yes please explain)

\_\_\_\_\_

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**PHYSICAL RECORD**

List any physical defects or injuries affecting your ability to perform.

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment, be terminated at any time without previous notice.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CRIMINAL RECORD REPORT

Disclosure and Consent

In connection with my application for employment with you, I understand that a Criminal Record Report on me will be requested and used for the purpose of evaluating me for employment. In addition, if I am hired, I understand that input from customers may be requested and used for purposes of evaluating me for promotion, reassignment or retention as an employee. I hereby grant my consent for you to obtain such a report and input from customers.

PRINT NAME

SOCIAL SECURITY NUMBER

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_