## Cayuga Landscape Company, Inc. 2712 North Triphammer Road \* Ithaca, NY 14850

2712 North Triphammer Road \* Ithaca, NY 14850 (607) 257-3000 \* FAX (607) 257-5242 LANDSCAPE EMPLOYMENT APPLICATION

**PERSONAL INFORMATION:** (Please print clearly)

NAME						
F	irst	Middle Initial	Last			Preferred Pronoun
ADDRESS			CITY		STATE	ZIP CODE
TELEPHONE			E- MAII	_		
Are you 16 years o	f age or over?	YES or NO	Proof of age or a	work permit i	nay be require	rd.)
In Case of Em	ERGENCY N	OTIFY:				
NAME			TELEPH	IONE		
ADDRESS	First	Last	CITY		STATE	ZIP CODE
Are you able to lift	and carry 80 p	oounds? YES or NO		Are you willin	ng to abide by	our non-smoking policy? YES or NO
Are you able to att	end our Thursc	lay morning (7:30 a.n	n.) safety staff me	eetings? YES	or NO	
Position Desi	RED:					
How did you hear of this job?  Date you can start work:						
How long could yo	ou work here?					
Type of work desir	red: (Circle pre	ference) Full-time		Part-time	S	Summer or Seasonal
What salary or wag	ge do you expe	ct?				
Does your schedule	e allow for unp	olanned overtime? Yl	ES or NO	Mandatory Sa	uturdays? YES	S or NO
List schedule limit	ations:					
Do you understand	that your emp	loyment is at the will	of Cayuga Lands	scape? YES o	or NO	
Drug and alcohol u	ise are not allo	wed on the job. Are	you willing to tak	e a drug test f	or illegal drugs	s? YES or NO
CAYUGA LANDSCAPE DOES NOT DISCRIMINATE FOR SAFE, PRIVATE USE OF LEGAL DRUGS OR ALCOHOL.						
OFFICIAL RECO	ORD:					
Have you ever been	n convicted of	a crime? YES or NO	If so, wh	en?		
For what? List all:						
Do you have a vali	d NYS driver's	license? YES or NO	O What cla	ss?	Driver's L	icense Number:
List any infractions	s:					
SCHOOL MOST	RECENTLY	ATTENDED:				
NAME			ADDRE	SS		
CITY			STATE		TELEPHO	ONE
GRADUATED? Y	YES or NO	NOW EN	ROLLED? YES	or NO		
Sports or activitie	es?					

## MOST RECENT EMPLOYMENT: **COMPANY ADDRESS** CITY STATE TELEPHONE POSITION **SUPERVISOR** DATES WORKED: REASON FOR LEAVING Mgmt. ref ck done **COMPANY ADDRESS** CITY STATE TELEPHONE POSITION SUPERVISOR DATES WORKED: REASON FOR LEAVING Mgmt. ref ck done DO WE HAVE YOUR PERMISSION TO CONTACT YOUR CURRENT EMPLOYER? YES or NO IF NO, PLEASE EXPLAIN: **REFERENCES:** (Please do not use family members) **TELEPHONE NAME** YEARS KNOWN ADDRESS CITY STATE NAME TELEPHONE YEARS KNOWN **ADDRESS** CITY STATE WE ARE AN EQUAL OPPORTUNITY EMPLOYER SKILLS: List amount of experience, degree of skills and personal strong points: Farm experience? Construction experience? Equipment operation and repair? Landscape/Nursery skills? Terms of Employment: I authorize investigation of all statements contained in this application. I understand and agree that my employment is for no definite period, and may regardless of the date of payment of wages, be terminated at any time without any previous notice. Furthermore, I understand and agree that it is my responsibility to read and abide by the conditions in the current Cayuga Landscape Staff Handbook. Signature: Date: **OFFICE USE ONLY:**

Wage:

Which crew do you expect this employee to work with most regularly?

Hire Date: