



**WARNER** LANDSCAPING COMPANY  
NURSERY AND GARDEN CENTER  
76 RIVERSIDE ROAD • P.O. BOX 622  
SIMSBURY, CONNECTICUT 06070  
860-658-7327 • 651-0204

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**APPLICATION FOR EMPLOYMENT**

Date of application: \_\_\_\_\_ Date available to start if hired: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle)

Current Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Permanent Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_

Are you legally authorized to work in the U.S.? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Have you filled out an application here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you been convicted of a crime in the past 10 years which has not been legally annulled /  
expunged by a court? \_\_\_\_\_

If yes, please explain in full: \_\_\_\_\_

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

(conviction will not necessarily disqualify applicant from employment)

Would you be willing to undergo drug-testing if requested? \_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your present or last position. Please include month, day and year of employment and a brief description of duties performed, as well as all other requested information. Include relevant volunteer activities.

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Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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Dates Employed:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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Dates Employed:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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Dates Employed:

Starting: \_\_\_\_\_ Final: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

## EDUCATION

School	Address	Major/Courses	Dates Attended	Degree
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College: \_\_\_\_\_

\_\_\_\_\_

High School \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES

List three individuals who are familiar with your work ethic (not relatives).

Name	Address/Telephone	Occupation	Years Known
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As an Equal Opportunity Employer, it is our policy to abide by all Federal and State laws prohibiting employment discrimination. Applicants are considered for all positions without regard to race, creed, national origin, religion, age, gender, marital status, veteran status, or the presence of a non-work related medical condition or handicap.

I certify that the facts contained in this application are correct and complete to the best of my knowledge. I further understand that any falsifications or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that this application is not a contract of employment.

I authorize the investigation of my past employment, educational credentials, and other employment related activities. I agree to cooperate in such reference checks and hereby release those parties supplying such information to Warner's from all liability or damage that may result from furnishing such information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## ADDITIONAL INFORMATION

Do you have any knowledge of the following plant material and related products?

Rate yourself:                      Very Good                      Good                      Fair                      Poor/None

Trees: \_\_\_\_\_

Shrubs: \_\_\_\_\_

Perennials: \_\_\_\_\_

Lawn Chemicals: \_\_\_\_\_

Herbicides/Pesticides: \_\_\_\_\_

Areas of skill:

Rate yourself:                      Very Good                      Good                      Fair                      Poor/None

Pruning: \_\_\_\_\_

Lawn Mowing / Trimming: \_\_\_\_\_

Grading / Seeding / Sodding: \_\_\_\_\_

Plant Installation: \_\_\_\_\_

Stonework / Walkways: \_\_\_\_\_

Are you able to lift 50 lbs.? \_\_\_\_\_

Do you have any allergies that would be irritated by plant material? \_\_\_\_\_  
\_\_\_\_\_

Can you tolerate hot temperatures for prolonged periods of time? \_\_\_\_\_

Equipment Operations:

1) Do you have a valid driver's license? \_\_\_\_\_

2) Can you drive a standard automobile? \_\_\_\_\_

3) List any other landscaping/construction equipment you can operate: \_\_\_\_\_

\_\_\_\_\_