Gammon Landscape Nursery 2810 Turner Road, Auburn, Maine 04210 Phone: (207) 783-0638 Fax (207) 777-5275

Employment Application

Date:		

This form is designed to simplify the securing information that is job related: no question on this application form is intended to secure information that will be used for any unlawful discriminatory purpose.

Pe	rsonal In	formation	1
Name:			
Address:			
Street City		State	Zip Code
Home Phone: Cell Phone: Social Security #			
What is your date of birth?			
In case of emergency, please contact:			
Relationship:	Ph	one:	
In the following section, please check one Employment desired: Full Time		Part Timo	
Position Applying for: • Nursery	Work	•	Landscape Installer Landscape Designer
Date you would be available to start:		Avai	ilable on Weekends?
Salary desired?			
Are you currently employed?	YES	NO	
If Yes, Where?			
May we contact your current employer?	YES	NO	
Have you applied here before?	YES	NO	
How did you hear about this employmen	ıt opportı	unity?	

Employment History

Please list your last three employers, MOST RECENT FIRST.

Date:	Name, Address, Phone	Position & Salary	Reason for Leaving
From:			
То:			
From:			
Го:			
From:			
То:			
	Edu	ucation	
Circle the last gra	de completed: (High School)	9 10 11 12	
	(College)	1 2 3 4	
Degree Earned:	F	ield of Study:	

General Skills

Do you have any of the following skills? Please circle or mark with a $\sqrt{}$

Comments:

• Carpentry	• Masonry	Auto Repair
Small Engine Repair	• Office/ Phone Experience	Other:

Driving History

Do you have a valid driver's lic	ense?	YES	NO	
Circle One:	Class A	Cla	ss B	Class C
State in which your license was	issued?			License #
Has your license ever been susp	ended?	YES	NO	
If yes, why?				
Have you had a major driving	violation?	YES	NO	
If yes, when?				
Please explain violation:				
Do you have experience driving Tractors Trucks	g any of th	e follow	ing? C	heck any that apply.
If yes, please explain:				

Motor Vehicle Report Release

Complete this information exactly as it appears on your drivers license.

License Number:	State:	Date of Birth:
First Name:	Middle:	Last Name:
Address: (Including City,State, Zip)		

I understand that Gammon Landscape Nursery will be requesting information from the State of Maine or any other state regarding my driving record. This information will be picked up from all states. This record may contain information such as traffic violations and other related offenses.

I have the right to make a written request from Gammon Landscape Nursery for this information.