

# Sylvan Nursery, Inc.

1028 Horseneck Road Westport, MA 02790  
(508) 636-4573 FAX(508) 636-3397

Last  
First  
Mid

## Application For Employment

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

### Personal Information

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Permanent Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_  Yes  No Are you 18 years old or over?  Yes  No If not, do you have a work permit?

Related To \_\_\_\_\_ Referred By \_\_\_\_\_

### Position Desired

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Yes  No  Full-Time  Part-Time  Temporary  Summer  Internship

Employed Now? \_\_\_\_\_ Type of Employment desired? \_\_\_\_\_

Advertisement  Agency  Employee Referral  Other

What prompted your application to our company? \_\_\_\_\_

Yes  No  Yes  No

Have you ever applied here before? \_\_\_\_\_ If yes, give date. \_\_\_\_\_ Can you, after employment, submit verification of your identity and legal right to work in the United States? \_\_\_\_\_

English  
 Portuguese  
 Spanish  
 Other

Yes  No  
Have you ever been convicted of a felony? (Exclude convictions that have been sealed, expunged, or statutorily eradicated.)

Languages Spoken  
Other List Below \_\_\_\_\_

### Skills

- Calculator  Office  Inventory  Sales  Skid Steer Loader
- Computer  Driving (CDL)  Irrigation  Shipping/Receiving  Tractor
- MS Office  Farm  Mechanic  Fork Lift  Truck
- Filing  Growing  Pesticide/Herbicide  Front End Loader  Other\*

Check those that apply. Add additional comments below

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

## Education and Training

	High School	Trade	College/University
Name:			
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			
Date of Degree:			

List other job related training, scholastic honors, and vocational and/or professional information.

## Experience

	Present/Most Recent Employer	Previous Employer	Previous Employer
Company:			
Address:			
Supervisor's Name:			
Phone:			
May We Contact?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:			
Date Employed From:			
Date Employed To:			
Starting Salary:			
Ending Salary:			
Reason for Leaving:			

## References

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_