



A.C. Parsons Landscaping and Garden Center Inc.

71 Richtown Road, West Tremont / P.O. Box 70, Bernard, ME 04612

Office (207) 244-7785 Fax (207) 244-9451

Email: landscaping@acparsons.com Web: <http://www.acparsons.com>

Application for Employment

Personal Information:

Name of Applicant: _____ Date: _____

Address: _____ How long at present address? _____

Home Phone: _____ Cell Phone: _____ Email: _____

Person to Notify in Case of Emergency: _____ Phone: _____

How did you learn about us? _____

Employment Goals & Current Status:

Position Desired: _____ Starting Wage Desired: \$ _____ per hour

Are you currently employed? _____ When would you be available to start work? _____

Desired hours per week: _____ Weekends and overtime are often required for scheduling, or project completion. Are you able to work those days and extended hours? _____

Have you ever applied to, or worked for this company before? _____ When? _____

Employment Limitations:

Are you able to provide yourself with; your own rain gear, boots, & work gloves? _____

Are you willing to work in rain and other inclement weather? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? _____

If so, explain: _____

Are you able to provide your own transportation to and from work? _____

Do you have a valid Maine Driver's License? _____ List any traffic violations in the last 5 years: _____

Do you have any Physical Conditions / Handicaps or Medical Problems that may reduce your ability to perform the job applied for? If so, what can be done to accommodate your limitations? _____



Work History (Over the Past 5 Years):

1. Employer: _____
 Dates worked: _____
 Position: _____ Rate of Pay: _____
 Reason for Leaving: _____

2. Employer: _____
 Dates worked: _____
 Position: _____ Rate of Pay: _____
 Reason for Leaving: _____

3. Employer: _____
 Dates worked: _____
 Position: _____ Rate of Pay: _____
 Reason for Leaving: _____

References

Name: _____ **Phone Number:** _____
Address: _____ **Relationship to you:** _____
Name: _____ **Phone Number:** _____
Address: _____ **Relationship to you:** _____
Name: _____ **Phone Number:** _____
Address: _____ **Relationship to you:** _____

Work Related Experience: Please list any special skills; carpentry, mechanics, welding, stone-walls, masonry, etc.

Can you operate the following items? (check those that apply)

- | | | | | |
|--|---|--|--------------------------------------|--|
| <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Backpack Blower | <input type="checkbox"/> Weed-Whacker | <input type="checkbox"/> Edger | <input type="checkbox"/> Lawn Mower |
| <input type="checkbox"/> Spreader | <input type="checkbox"/> Lawn Roller | <input type="checkbox"/> Loppers | <input type="checkbox"/> Pole Saw | <input type="checkbox"/> Hand Pruners |
| <input type="checkbox"/> Pruning Saw | <input type="checkbox"/> Hedge Trimmer | <input type="checkbox"/> Ball Cart | <input type="checkbox"/> Laser Level | <input type="checkbox"/> Compactor |
| <input type="checkbox"/> Stone Saw | <input type="checkbox"/> Angle Grinder | <input type="checkbox"/> Cut-Off Saw | <input type="checkbox"/> Dethatcher | <input type="checkbox"/> Aerator |
| <input type="checkbox"/> Sod Cutter | <input type="checkbox"/> 1-Ton Dump-Truck | <input type="checkbox"/> Standard Transmission | <input type="checkbox"/> Snow Plow | <input type="checkbox"/> Skid Steer |
| <input type="checkbox"/> Equipment Trailer | <input type="checkbox"/> Walk Behind Skid Steer | <input type="checkbox"/> Nursery Jaws | <input type="checkbox"/> Earth Auger | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Tractor / Backhoe | <input type="checkbox"/> Forklift | <input type="checkbox"/> Bush-Hog | <input type="checkbox"/> Roto-Tiller | <input type="checkbox"/> Cash Register |



Education / Specialized Training:

College / High School: _____

Describe any specialized training, or apprenticeships you've had: _____

Describe any special licenses or certifications you currently hold: _____

What is your favorite plant and why? _____

State additional information you feel may be helpful to us in considering you application:

By signing this document I verify that all the information written on this application is true and I understand that false statements or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Applicant's Signature: _____ Date: _____

**Please submit applications to:
A.C. Parsons Landscaping & Garden Center
P.O. Box 70
Bernard, ME 04612**