



53 Larkin Street Stamford, CT 06907
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Employment Application Form

Date

PLEASE COMPLETE ALL PAGES

Name

Last First Middle

Present address

Number Street City State Zip

Date of Birth _____ (If under 18) Social Security No. _____ - _____ - _____

Telephone (____) _____ Alt. Phone: (____) _____

For Snow Plowing,

Position applied for: Will you work through the night? YES / NO
Will you work weekends/holidays? YES / NO

Salary desired:

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? Do you smoke? Yes No

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Reference and/or Emergency Contact

FULL NAME:
ADDRESS:
PHONE NUMBER:
RELATIONSHIP:

Criminal Record

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Driving Record

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No
ARE YOU PROFICIENT AT PULLING A TRAILER? Yes No Somewhat

What is your means of transportation to work?

Driver's license number _____ State of issue _____ ● Operator ● Commercial (CDL)

Expiration date _____

Have you had any accidents during the past three years? ● Yes ● No How many? _____

Landscape Experience

Property Maintenance YES / NO years _____
Pruning/Trimming YES / NO years _____
Planting YES / NO years _____
Masonry YES / NO years _____
Fencing YES / NO years _____
Drainage Yes / NO years _____
Other _____

Snow Plowing Experience

Commercial Residential years _____
Skid Steer YES / NO years _____
Wheel Loader YES / NO years _____
Plow Truck YES / NO years _____
Truck with Salt spreader YES / NO years _____
Shoveling YES / NO years _____
Other _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Landserv, Inc. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Landserv, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner of the Company. Both the undersigned and Landserv, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as random and /or periodic testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Landserv, Inc. is an equal employment opportunity employer.

