# BOCKELMANS LANDSCAPING AND GARDEN CENTER APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION	SUNAL INFORMATION Today's Date			
Name	Phone		_	
Address	City	StateZip	_	
Birthdate	Social Security Numbe	r	_	
Do you hold a valid driver's license?	License No	State Issued	_	
Commercial Driver's License?	Class Ho	ow many years?		
Do you have an up to date medical card	for CDL License?			
U.S. Citizen YesNo				
Marital StatusNo. of Depe	endentsDo ye	ou pay child support	_	
PHYSICAL RECORD  Do you have any physical inadequacies considered?	that preclude you from pe	rforming any work for which	you are be	
Do you have any allergies, history of he	eart problems, high blood p	pressure, or diabetes, etc?		
Do you have any previous injuries?	f yes, please explain:			
Do you take any medications? If ye	s, please name the medica	tion and the reason for it:		
Emergency Contact Person		Celationship		
Phone Number	Cell Number			

### **GENERAL**

DAYS AND TIMES AVAILABLE FOR WORK (please insert available time for each day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hourly Wage	Expectation_	Who	en would you l	be available to	start?	
Are you emp	loyed now?	May	we contact yo	ur present emp	oloyer?	
Doog vour pr	agant amplaya	r know of you	nlang ta ahan	ga amplazzman	+9	
Why do you	desire to make	e a change? _				
Have you eve	er held a nositi	on of trust (hai	ndling money	or confidential	material)?	
Tiuve you eve	or neid a positi	on or trust (nur	iding money	or communities		
•	•	ch of the follow			1 4 5	
(1-No Knowl	ledge, <b>2-Basic</b>	Knowledge, 3	Hobbyist/Mo	derate Knowl	edge, 4-Expo	ert Knowledge)
Annuals	Perennials	Trees/Sh	rubs Pru	ıning Mı	ılching	Edging Beds
Installation o	f New Lawns_	Installati	on of brick, bl	lock Bu	ilding Decks	Concrete
Water Garder	ns Instal	lation of drain	lines La	indscape Desig	n Lands	scape Installation
Use of Skid I	Loader F	Filling Propane				
Have you eve	er driven overs	sized vehicles?	If west yne	76.		
•	k up a trailer?	sized venicies:	11 yes, type	.5.		
		chinery?	If yes, types?			
	_					
Summarize s	pecial skills ar	nd qualification	is from employ	yment or other	experience:	
		to 10 (high sco				I am a a ta .
Self-Motivati	ion Lea	adership	Responsibility	Depend	lable H	ionesty
				# of Yrs.	Graduate Y	ear
EDUCATIO		/Location of so	chool	Attended	or GED	Subjects studied
High School						
College						
Trade, Busine Other	ess or					
II C M'''	g :		D 1	D	, 1 1	· · » » · · · · · · · · · · · · · · · ·
			Kank:	Prese	nt membersh	
Guard or Res	serves:	<del></del>				page

#### EMPLOYMENT HISTORY STARTING WITH THE MOST RECENT:

Employer Name	Phone Number	Fax	
Address	Supervisor's Name		
City/State/Zip	Rate of Pay	Position	
Dates Employed	Are you eligible for rehire?		
Reason for Leaving			
Employer Name	Phone Number	Fax	
Address	Supervisor's Name		
City/State/Zip	Rate of Pay	Position	
Dates Employed	Are you eligible for rehire?		
Reason for Leaving			
Employer Name	Phone Number	Fax	
Address	Supervisor's Name		
City/State/Zip	Rate of Pay	Position	
Dates Employed	Are you eligible for rehire?		
Reason for Leaving			
a criminal offense?(Answering "yes" is not an automatic If yes, please	kind of felony? are there any pe		ving
Have you had any accidents or driving	g violations within the past 5 years?	If yes, please explain	

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment or dismissal from service if discovered after employment and under some circumstances, may result in prosecution for a crime.
I certify that all statements contained herein are true and complete whether made by me or others at my request.
I authorize Bockelmans Landscaping, Inc. to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
I authorize Bockelmans Landscaping, Inc. to check my driving record if the positon for which I am applying requires driving.
I understand I may be asked to submit to a pre-employment drug test and /or criminal history background check as a condition of employment.
I release Bockelmans Landscaping, Inc. and all providers of information from any liability as a result of furnishing and receiving any information related to the Bockelmans Landscaping, Inc hiring process. By submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section.
I understand that if my application is accepted, that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company and includes no guarantee, contract, or promise of employment for any specific length of time.
Signature of Applicant Date

# BOCKELMANS LANDSCAPING, INC.

2869 Youngstown Kingsville Rd Cortland, OH 44410 mbockelman@neo.rr.com
Phone 330-638-5296 Fax 330-638-2520

## REQUEST FOR CHECK OF DRIVING RECORD

purposes of investigation as requ	e the following information to Bocklema uired by Sections 391.23 and 391.25 of t from any and all liability which may resu	he Federal Motor Carrier Safety
Applicant Signature		Date
Name of Applicant		
Address		
Date of Birth	Soc Sec #	
License Number	Issuing State	
"permissible uses" of state moto	ort request and the above applicant's release vehicle records under the provisions of 22 Title XXX Sections 300002 (a))	
Requestor Signature		Date