



8797 E. GENESEE ST.  
 CHITTENANGO, NY 13037  
 PHONE: (315) 687-5282  
 FAX: (315) 687-6048  
 EMAIL: ASPINALL@TWCNY.RR.COM  
 WWW.ASPINALLSTREE.COM

## APPLICATION FOR EMPLOYMENT

<b>Name:</b>			<b>Date:</b>		
<small>(First)</small>	<small>(M.I.)</small>	<small>(Last)</small>			
<b>Home Address</b>			<b>Telephone No:</b>		
<small>(House number and street)</small>					
<b>Home Address</b>			<b>Social Security Number:</b>		
<small>(City, State, Zip)</small>					
<b>Can you prove US citizenship?</b>		Yes No	<b>Do you have a driver's license?</b>		Yes No (Why?)
<b>Position Desired:</b>	<b>Salary required:</b>		<b>Have you applied here before?</b>		Yes No
	<small>(\$ / Hr)</small>				
<b>Can you lift 50lbs on a regular basis?</b>		Yes No	<b>Can you stand 4+ hours, regularly?</b>		Yes No
<b>Are you willing and able to work outside, for prolonged periods, in 80+ degree temps, rain, sleet or snow?</b>					Yes No
<b>Date you can start:</b>		<b>Days you prefer to work:</b>		<b>Referred by:</b>	

### 2 MOST RECENT EMPLOYERS / JOB EXPERIENCE

<b>Employer Name:</b>		<b>Location:</b>		<b>Phone No.</b>	
<b>May we contact them for a reference?</b>		Yes No	<b>Start Date:</b>		<b>End Date:</b>
<b>What type of work did you perform?</b>					
<b>Why left?</b>					
<b>Employer Name:</b>		<b>Location:</b>		<b>Phone No.</b>	
<b>May we contact them for a reference?</b>		Yes No	<b>Start Date:</b>		<b>End Date:</b>
<b>What type of work did you perform?</b>					
<b>Why left?</b>					

<b>Education (GED   High School   College):</b>	<b>Graduation Date:</b>
---	-------------------------

**What type of landscaping, lawn maintenance (mowing & trimming), or tree nursery experience do you have?**  
 \*\* Important-Please provide any information that may be helpful here.

**What type of tools or equipment have you used or operated in the past?**

**Please Sign to verify that all of the information provided is true & may be verified:**

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------