

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

# PERENNIAL

## LAWN AND LANDSCAPE

**2220 STATE RT 21**  
**PO BOX 275**  
**CANANDAIGUA, NY 14424**  
**(585) 396-2090**

### PERSONAL INFORMATION

NAME	SOCIAL SECURITY NO.	DATE
PRESENT ADDRESS	CITY	STATE ZIP CODE
PERMANENT ADDRESS	CITY	STATE ZIP CODE
PHONE NO.	REFERRED BY	

### EMPLOYMENT DESIRED

POSITION?	DATE YOU CAN START?
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?
	WHEN?

### EDUCATION HISTORY

HIGH SCHOOL ATTENDED?	YEARS ATTENDED?	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED?
COLLEGE ATTENDED?	YEARS ATTENDED?	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED?
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL ATTENDED?	YEARS ATTENDED?	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECTS STUDIED?

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING / SKILLS?	
U.S. MILITARY OR NAVAL SERVICES?	RANK?

### FORMER EMPLOYERS

*(List below last four employers, starting with last one first)*

MONTH AND YEAR	NAME / ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				



**REFERENCES***(List below the names of three persons not related to you whom you have known at least one year)*

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"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 and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW****REMARKS**


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NEATNESS	CHARACTER
PERSONALITY	ABILITY
HIRED	FOR POSITION
WILL REPORT	SALARY WAGES

**APPROVED**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_