



J.W. TOWNSEND
LANDSCAPES

J.W. Townsend, Inc., Landscape Contractor 3980 Seminole Trail Charlottesville, Virginia 22911 Office 434-973-1154 * Fax 434-973-1578	APPLICATION FOR EMPLOYMENT
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J.W. Townsend Landscapes provides equal employment opportunities to all employees and applicants for employment without regard to race, color, marital status, religion, age, national origin, citizenship, sex or gender (including pregnancy, childbirth, and pregnancy-related conditions), gender identity, sexual orientation, disability, genetic information, military service, or any other characteristic protected by applicable federal, state, or local laws and ordinances. Equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, promotion, compensation, training, leave of absence, layoff, and termination.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.	
NAME (FIRST, MIDDLE, LAST)	TODAY'S DATE
CURRENT ADDRESS (Street, City, State, Zip Code)	
RESIDENT ADDRESS (Street, City, State, Zip Code) (if different from above)	
EMAIL ADDRESS	PHONE NUMBER & BEST TIME TO CALL

EMPLOYMENT DESIRED	
POSITION APPLIED FOR:	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY	DATE AVAILABLE
HAVE YOU EVER WORKED FOR J.W. TOWNSEND LANDSCAPES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHEN AND IN WHICH DEPARTMENTS?
HAVE YOU EVER APPLIED TO J.W. TOWNSEND LANDSCAPES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHEN?
To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first work day if your employment period will be less than three (3) days.	
HOW WERE YOU REFERRED TO J.W. TOWNSEND LANDSCAPES?	

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? Yes No

IF YES, EXPLAIN (Where, When, Sentence):

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.

RECORD OF EDUCATION

NAME AND LOCATION OF SCHOOL		GRADUATED	DEGREE	MAJOR OR FIELD OF STUDY
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST ANY CLUBS OR PROFESSIONAL ORGANIZATIONS YOU BELONG TO, AS WELL AS SKILLS, TRAINING, OR EXPERIENCE THAT WOULD ENHANCE YOUR ABILITY TO PERFORM THE POSITION APPLIED FOR

DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes No

DRIVER'S LICENSE NUMBER AND STATE

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? Yes No

IF YES, LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE THAT DIRECTLY RELATE TO THE POSITION APPLIED FOR.

REFERENCES

INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY – DO NOT INCLUDE RELATIVES

NAME	PHONE NUMBER	RELATIONSHIP/YEARS KNOWN

EXPERIENCE						
MOST RECENT EXPERIENCE FIRST						
NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION	DATES EMPLOYED	SALARY		REASON FOR LEAVING
				STARTING	ENDING	
1.			FROM TO			
EMPLOYER PHONE NUMBER:			NAME AND TITLE OF SUPERVISOR:			
2.			FROM TO			
EMPLOYER PHONE NUMBER:			NAME AND TITLE OF SUPERVISOR:			
3.			FROM TO			
EMPLOYER PHONE NUMBER:			NAME AND TITLE OF SUPERVISOR:			
4.			FROM TO			
EMPLOYER PHONE NUMBER:			NAME AND TITLE OF SUPERVISOR:			
MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?						
If no, indicate by number which one(s) you do not want us to contact:						

Use this space to describe any previous work history and to detail particular job responsibilities listed above. Include any additional information that may be relevant to the job for which you are applying i.e., landscape training, landscape education, related equipment experience, etc.

CERTIFICATION AND RELEASE

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organization having relevant information or knowledge to provide it to J.W. Townsend Landscapes or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create and employment contract between J.W. Townsend Landscapes and me for either employment or for the providing of any benefit. If any employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of either J.W. Townsend Landscapes or myself.

In signing this form, I certify that I understand all the questions and statements in this application.

SIGNATURE OF APPLICANT

DATE

Please send your completed application to [hiring@townsendlandscape.com](mailto: hiring@townsendlandscape.com)

FOR EMPLOYER USE ONLY		
DATE APPLICATION RECEIVED	REFERRAL SOURCE	
INTERVIEWED BY	DEPARTMENT	
REFERENCE CHECK COMPLETED (DATE, BY WHOM, AND RESULTS)		
ACTION AND REASON		
IF HIRED		
DEPARTMENT	POSITION	TEAM LEADER
START DATE	WAGE/SALARY	DRIVER? <input type="checkbox"/> Yes <input type="checkbox"/> No