

# The Ponzani Landscaping Company

"An Equal Opportunity Employer"

"Drug Free Work Place"

66741 Warnock-St. Clairsville Rd.  
St. Clairsville, OH 43950

www.ponzani.com

Phone: 740-695-0070

Fax: 740-695-4588

## THIS SECTION TO BE COMPLETED BY EMPLOYER

Hire Date: \_\_\_\_\_ Uniform Shirt Size: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Uniform Pant Size: \_\_\_\_\_

## Application for Employment

APPLICATION DATE: \_\_\_\_\_

### PERSONAL INFORMATION

NAME:		SOCIAL SECURITY #:	
ADDRESS:		APT.# / P.O. BOX:	
CITY:	STATE:	ZIP:	
HOME PHONE:	EMAIL ADDRESS:		
EMERGENCY CONTACT:	PHONE #1:	PHONE #2:	
ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.A? YES _____ NO _____			
ARE YOU OVER 18 YEAR OLD? YES _____ NO _____			

### DESIRED EMPLOYMENT & INFORMATION

✓ (Check your first choice)

POSITION APPLYING FOR: \_\_\_\_\_ FULL-TIME? \_\_\_\_\_ PART-TIME? \_\_\_\_\_ TEMPORARY-SEASONAL? \_\_\_\_\_

HAVE YOU APPLIED HERE BEFORE? Y \_\_\_\_\_ N \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU WORKED HERE BEFORE? Y \_\_\_\_\_ N \_\_\_\_\_ WHEN? \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

IF SO, WHAT WAS YOUR REASON FOR LEAVING? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? Y \_\_\_\_\_ N \_\_\_\_\_ ON LAYOFF STATUS? Y \_\_\_\_\_ N \_\_\_\_\_ SINCE WHEN? \_\_\_\_\_

SUBJECT TO RECALL? Y \_\_\_\_\_ N \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT DATE CAN YOU START WORK? \_\_\_\_\_ CAN YOU TRAVEL IF THE JOB REQUIRES IT? Y \_\_\_\_\_ N \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF YES, EXPLAIN CONVICTION: \_\_\_\_\_

✓ DO YOU POSSESS A VALID DRIVERS LICENSE? Y \_\_\_\_\_ N \_\_\_\_\_ A CDL LICENSE? Y \_\_\_\_\_ N \_\_\_\_\_ WHAT CLASS? \_\_\_\_\_

✓ CAN YOU WORK: OVERTIME? \_\_\_\_\_ WEEKDAYS? \_\_\_\_\_ EVENINGS? \_\_\_\_\_ SATURDAYS? \_\_\_\_\_ SUNDAYS? \_\_\_\_\_

WHAT DAYS / TIMES **CAN'T** YOU WORK? \_\_\_\_\_

✓ DO YOU KNOW ANYONE WHO CURRENTLY WORKS AT PONZANI? Y \_\_\_\_\_ N \_\_\_\_\_ IF SO, WHO? \_\_\_\_\_

REFERRED BY: FRIEND \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ IF SO, WHO? \_\_\_\_\_ WALK-IN \_\_\_\_\_

EMPLOYMENT AGENCY \_\_\_\_\_ SCHOOL \_\_\_\_\_ NEWSPAPER AD \_\_\_\_\_ OTHER \_\_\_\_\_

# *The Ponzani Landscaping Company*

<b>REFERENCES</b> - (List <b>Professional References</b> such as Supervisors, Managers, Teachers, Customers, etc.)			
NAME	PHONE	COMPANY/TITLE	YEARS KNOWN

<b>EDUCATION</b>
------------------

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Years: \_\_\_\_\_ Degree: \_\_\_\_\_

Trade, Business or Other Certifications: \_\_\_\_\_

Military Service – From: \_\_\_\_\_ To \_\_\_\_\_ Branch: \_\_\_\_\_ Honorable Discharge? \_\_\_\_\_

Current Membership in Active Reserves? Yes \_\_\_\_\_ No \_\_\_\_\_ When does this expire? \_\_\_\_\_ (Mo/Yr)

<b>SKILLS</b>
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As a Job Requirement, are you able to lift, with reasonable accommodation, 50 lbs. on a regular basis?

✓ Yes \_\_\_\_\_ No \_\_\_\_\_

**COMPUTER SKILLS**

✓

Windows Software \_\_\_\_\_ Word Processing \_\_\_\_\_ Spreadsheet \_\_\_\_\_ Other \_\_\_\_\_

**OFFICE / CUSTOMER SERVICE OR SALES SKILLS** *(Explain or Attach Resume)*

\_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT SKILLS**

✓

Chain Saws \_\_\_\_\_ BobCats \_\_\_\_\_ Dump Truck? \_\_\_\_\_ with Trailer? \_\_\_\_\_ Commercial Mowers? \_\_\_\_\_

Hand Tools, Power Tools (list): \_\_\_\_\_

**LANDSCAPING SKILLS**

✓

Can you measure and use measurements effectively? \_\_\_\_\_ Read layouts and drawings? \_\_\_\_\_

If so, When/Where did you use these skills last? \_\_\_\_\_

List other landscape experience? \_\_\_\_\_ How Long? \_\_\_\_\_

Where did you learn these skills? \_\_\_\_\_ How long ago? \_\_\_\_\_

What other work related experience do you have? \_\_\_\_\_

\_\_\_\_\_

# The Ponzani Landscaping Company

## Work History - List the last 3 Employers below (last one first)

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Employer Name:</b>			<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address:</b>			<b>From</b>	<b>To</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>			
<b>Supervisor:</b>		<b>Phone:</b>			
<b>Job Position:</b>			<b>Hourly Rate/Salary</b>		
<b>Description of Business:</b>			<b>Starting</b>	<b>Final</b>	
<b>Reason For Leaving:</b>					

<b>Other Experience:</b>

# *The Ponzani Landscaping Company*

66741 St. Clairsville - Warnock Road  
St. Clairsville, Ohio 43950  
740-695-0070

A Member in Good Standing  
**Ohio Bureau of Workers' Compensation**  
**Drug Free Work Place**

## **PRE-HIRE DRUG TESTING NOTIFICATION**

Our Testing Policy indicates that all applicants for employment must complete a drug/alcohol screening prior to the finalization of any offer of employment. **All new hires will be required to undergo testing** at a time determined by the Company and **prior to the end of the first 90 days of employment (Introductory Period)**. A negative result of this test shall be a pre-requisite for hiring. A positive result of this test shall result in a termination of the hiring process and shall render the individual in question ineligible for future employment by the Employer. Under no circumstances shall any individual be considered an employee of the Employer without having completed and obtained a negative result upon the testing described in this paragraph. A negative result of any required pre-hire testing shall not guarantee or constitute an offer of employment by the Employer.

## **APPLICANT ACKNOWLEDGMENT**

I have read and understand the above requirements.

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Print Name

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Applicant Signature  
*(for Fill-in Forms – Use last 4 digits of your SSI #)*

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Date

**DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
AND  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR EMPLOYMENT PURPOSES**

The undersigned hereby authorizes The Ponzani Landscaping Company and/or its insurance agency, Steele Insurance Associates, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

DL Number: \_\_\_\_\_

\_\_\_\_\_

DL State: \_\_\_\_\_

Signed: \_\_\_\_\_

(FILL-IN FORMS – SIGN WITH INITIALS)

SSI #: \_\_\_\_\_

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Agency Use Only

\_\_\_ Within Driver Guidelines

\_\_\_ Not Within Driver Guidelines

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

# The Ponzani Landscaping Company

## **Equal Employment Opportunity Policy**

It is the policy of The Ponzani Landscaping Company, that applicant's for employment are recruited, selected, and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may not be expected to develop. Applicants are to be recruited, selected, and hired without discrimination because of race, color, religion, sex, sexual orientation, age, national origin, veteran status, handicap or disability.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay-off, or termination are to be administered with due regard to job performance experience and qualifications and without discrimination because of race, color, religion, sex, sexual orientation, age, national origin, veteran status, handicap or disability.

I certify that all information contained in this application is true, complete and correct, to the best of my knowledge, and I understand that any material omission misrepresentation, or falsification of information, is grounds for dismissal from or refusal of, employment. I hereby authorize the investigation of all statements contained in this Application.

I also hereby authorize The Ponzani Landscaping Company to prepare or cause to be prepared, an investigative report that may include information as to my driver's license eligibility, driver's insurance, accident history, motor vehicle violations, criminal record, and credit history as needed, and; general reputation, which may be based upon interviews with my neighbors, friends, past employers and associates. Upon my written request, the type, complete nature and scope of the investigation will be disclosed. If employment is denied either wholly or partly because of an adverse investigative report, I understand that I will be advised of the facts including the name and address of the reporting company.

I authorize the references given in this application and through other means to give you all information within the scope of this policy concerning my previous employment and pertinent information they may have, personal and otherwise and I release all parties from liability for any damages that may result from furnishing my information to you.

It is my understanding that if hired, my continued employment would be contingent upon my adhering to the rules, regulations, policies and procedures in effect at the Company and failure to do so can result in termination without notice.

I further understand that if hired, failure on my part to carry out my customary duties as requested and instructed by supervision can result in my termination, and management is under no obligation to provide employment to me for a specified time.

Signature (or type in full name): \_\_\_\_\_ Date: \_\_\_\_\_

## **Terms of Employment**

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize The Ponzani Landscaping Company (hereafter called Company) to verify such information and to contact any reference given by me. Should I be employed by the company, I agree to the following:

1. My employment shall be in accordance with the terms of (A) this application, (B) company policies, rules, and regulations and any amendments thereto, and, (C) any applicable employment agreement. The company shall reserve the right to amend, modify or revoke its policies, rules and regulations at any time, with or without notice. I will familiarize myself with such policies, rules and regulations, and will abide and be bound now, and hereafter, in effect.
2. I understand that if employed, I am an "Employee at Will" and my employment may be terminated by the company or me, at any time, with or without cause or notice. The company's only obligation is to pay wages or salaries earned by me to the date of termination. Without limitation, failure to abide by company policies, rules or regulations, failure to pass any company physical examination or testing, or the falsification of any information given by me in this application will entitle the company to terminate my employment.
3. I will submit to medical examinations and/or testing by a physician, or institution appointed by the company at such time(s) as it may request and I will submit to such examination before making any claim against the company for injuries suffered in connection with my work.
4. I agree that employment may be contingent upon my meeting all placement considerations including medical requirements.
5. All right, title and interest including without limitation, all copyrights and patents, in and to any material produced, customer relationships, or inventions/processes developed by me which affect or relate to the company's business shall vest in the company, and I shall have no personal right, title or interest whatsoever therein.
6. If any injury to me or death in connection with my employment shall be subject to workers' compensation laws, I waive for myself and in my behalf, all actions against the company for damages for such injury or death and agree to accept the applicable compensation award provided by the laws of the state in which I am working at the time of such injury or death.
7. The company shall have the right after the termination of my employment to furnish to others information regarding my employment record with the company including the information contained in this application.
8. I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

I also understand that falsification of this information in connection with employment will be grounds for immediate termination of when such falsification is discovered.

Signature (or type in full name): \_\_\_\_\_ Date: \_\_\_\_\_