

Employment Application

Michael Grimm Services, Inc.
4195 Lafayette Rd
Jamesville, NY 13078
Phone: 315-477-0124
Fax: 315-477-1286
www.MichaelGrimmServices.com



Date:

Name:

Address:

City:

State & Zipcode:

Home Phone:

Cell Phone:

SS Number:

Positions Desired:

Date Available:

Hours Available to Work: ☐ Full-Time ☐ Part-Time

Can you work overtime if needed? ☐ yes ☐ no

Have you ever been bonded? ☐ yes ☐ no

Have you ever applied before? ☐ yes ☐ no **When?**

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College, Business or Trade School			
Other			

Do you have a valid NYS drivers license? ☐ yes ☐ no

Do you have a CDL license? ☐ yes ☐ no

Have you had any accidents in the past 3 years? ☐ yes ☐ no

List accidents and dates:

Have you had any moving violations in the past 5 years? ☐ yes ☐ no

List violations and dates:

Check all for which you have experience:

- | | | | | | |
|-------------------------------------|--|---|--|---------------------------------------|---|
| <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Commercial Mower | <input type="checkbox"/> String Trimmer | <input type="checkbox"/> Spraying | <input type="checkbox"/> Chipper | <input type="checkbox"/> Trailer Towing |
| <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Stump Grinding | <input type="checkbox"/> Bucket Truck | <input type="checkbox"/> Tree Climbing | <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Crew Leader |
| <input type="checkbox"/> Hardscapes | <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Pruning | <input type="checkbox"/> Plowing | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Landscape Design |

Other Skills or Certifications:

Please list 3 references other than relatives and previous employers

Name			
Occupation			
Years Known			
Phone			
Address			

Previous Employment (list up to 3)

Name of Employer:						
Dates of employment:	From:		To:		Salary:	
Complete Address:						
Phone #:			Name of last supervisor:			
Last job title:						
Reason for Leaving (be specific):						
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:						

May we contact this employer: ☐ yes ☐ no

Name of Employer:						
Dates of employment:	From:		To:		Salary:	
Complete Address:						
Phone #:			Name of last supervisor:			
Last job title:						
Reason for Leaving (be specific):						
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:						

May we contact this employer: ☐ yes ☐ no

Name of Employer:						
Dates of employment:	From:		To:		Salary:	
Complete Address:						
Phone #:			Name of last supervisor:			
Last job title:						
Reason for Leaving (be specific):						
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:						

May we contact this employer: ☐ yes ☐ no

The information I have provided in this application is true, correct and complete. Any false, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for my immediate dismissal. I authorize Michael Grimm Services, Inc to contact and obtain information about me from previous employers, educational institutions and references I have provided, and any other party (including a license check with the Department of Motor Vehicles) necessary to verify the accuracy of information I provided in this application. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose. I understand that this application is not an employment agreement. If I accept an offer of employment, I understand that Michael Grimm Services, Inc (the employer) may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

By signing below, I indicate that I fully understand and accept all terms and conditions in the above statement.

Signature

Date

Print out the form and mail it to Michael Grimm Services,
4195 Lafayette Rd, Jamesville, NY 13078 or fax the form to 315-477-1286