

**JP DESIGN**  
*Attn: Human Resources*  
650 Bairdford Rd  
Gibsonia, PA 15044

**Employment Application**

**Personal Data**

Social security #: \_\_\_\_\_ Driver license #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Children: \_\_\_\_\_

**Job Information**

Preferred Division: Design/Estimating [ ] Landscape Construction [ ] Office Clerical [ ]

Preferred Position: Foreman [ ] Technician [ ] Labor [ ] Other \_\_\_\_\_

Applying for: Full time [ ] Part time [ ] Seasonal [ ] Internship [ ]

Acceptable Pay Rate: \_\_\_\_\_ Date Available: \_\_\_\_\_ Are you currently employed? Yes \_\_\_ No \_\_\_

<b>Employers:</b>	<b># of Years:</b>	<b>Position:</b>	<b>Supervisor Name:</b>	<b>Phone #:</b>
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Education**

College/Degree: \_\_\_\_\_ Other: \_\_\_\_\_

Special skills or training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Armed Forces: Yes [ ] No [ ] What Division? \_\_\_\_\_

**Medical**

All employees must be free of drugs or alcohol while performing their jobs. Employees must be physically qualified to perform the tasks required by their specific job.

Do you have any disabilities? Yes [ ] No [ ] Explain: \_\_\_\_\_

Have you ever been compensated for a work related injury? \_\_\_\_\_

Do you have any allergies? (Bee stings, etc.): \_\_\_\_\_

Please list someone who may be contacted in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**References**

Name & Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever been convicted for crimes or serious traffic violations? Yes [ ] No [ ]

Explain: \_\_\_\_\_

**Statement and Signature**

In completing and submitting this application I understand and agree any misstatement of facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be cause for termination; my previous employers may be asked for information concerning my employment, character, ability and experience. I agree to abide by all rules and regulations set forth by JP DESIGN and that JP DESIGN shall be entitled to receive reports concerning injury or illness from attending physicians and practitioners.

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

**For office use only**

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Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Hired: Yes [ ] No [ ]

Starting Date: \_\_\_\_\_ Full time [ ] Part time [ ] Temp [ ] Intern [ ] Seasonal [ ]

Position: \_\_\_\_\_ Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Hourly position [ ] Salary position [ ] Rate of pay: \_\_\_\_\_

Resignation/Dismissal Date \_\_\_\_\_ Explanation \_\_\_\_\_

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