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Morgantown, WV 26508

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Fairmont, WV 26554

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## Employment Application

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

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License: Yes No License Number: \_\_\_\_\_

Do you have any experience in the landscaping field? Yes No

If yes, please describe: \_\_\_\_\_

Do you have any drafting or landscape architecture experience? Yes No

If yes, please describe: \_\_\_\_\_

Other related experience: \_\_\_\_\_

Do you have any previous back or other injuries? Yes No

If yes, please describe: \_\_\_\_\_

Do you have a Class D or Class B Driver License? Yes No

Do you have a class D medical card? Yes No  
(This is proof of a DOT physical)

In order to advance as a landscape field person at Biafore Landscape Development, you must have a Class D license and a medical card to drive commercial vehicles rated at over 10,000 pounds GVW. Would you be willing to acquire these items at your own expense (Approximately \$130), if it meant an increase in pay rate?

Yes

No

Describe in detail you past work history beginning you're your first work experience:

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Tell about what you did at your last job:\_\_\_\_\_

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What are you most proud of about your last job?\_\_\_\_\_

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What made you decide to apply for a position with our firm?\_\_\_\_\_

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What special skills to you bring with you?\_\_\_\_\_

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What do you see yourself doing in 6 months?\_\_\_\_\_

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In 2 years? \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience:**

Employer Name, Address, Phone	Dates of Employment	Supervisor	Reason for Leaving

**Education:**

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree: Yes No

**In Case of Emergency Notify:** \_\_\_\_\_

Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**References: (Job Related, Professional References Only)**

Name	Telephone Number	Relationship
1.		
2.		
3.		

*I certify that the answers given herein are true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date