

PINELAWN MEMORIAL PARK AND ARBORETUM
EMPLOYMENT APPLICATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

Do you have a valid New York State Driver's License? Yes () No () License No: _____

Did you serve in the Military? Yes () No () Length of Service: _____ Rank: _____

Are you a US Citizen? Yes () No () If No, are you eligible to work in the United States? _____

EDUCATION:			
SCHOOL	GRADUATED	SCHOOL NAME & ADDRESS	DEGREE/CERTIFICATION EARNED
High School	Yes ___ No ___		
Trade School	Yes ___ No ___		
College/University	Yes ___ No ___		

EMPLOYMENT RECORD:			
NAME OF EMPLOYER	DATES OF EMPLOYMENT	JOB DESCRIPTION	REASON FOR SEPARATION

REFERENCES (Please list two persons that are not related to you):

Name: _____ Occupation: _____ Phone No: (____) _____

Name: _____ Occupation: _____ Phone No: (____) _____

How are you familiar with Pinelawn Memorial Park? _____

Do you know anyone who works here? If so, who? _____

I hereby declare that all statements contained in this application are true, correct, and complete. I understand that false or inaccurate information in the application will be the basis for termination.

Signature

Date