



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

CELL PHONE NUMBER: (____) _____ SOC. SEC. #: _____

STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY _____ REFERRED BY: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

EXPLAIN: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	GPA
		YES	NO		
HIGH SCHOOL	_____				

COLLEGE	_____				

OTHER (SPECIFY)	_____				

SPECIAL TRAINING, SKILLS OR SUBJECTS OF SPECIAL STUDY: _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.)

FORMER EMPLOYERS: LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		
FROM		\$		
TO		PER		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS NAME	YRS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____
NAME

ADDRESS: _____ PHONE: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: _____ DATE: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: _____ POSITION: _____ START
DATE: _____ SALARY: _____APPROVALS: 1. _____ 2. _____ 3. _____
MANAGER GENERAL MANAGER GARDEN CENTER MANAGER

This employment application has been designed for general use throughout the United States. At the time of publication, every effort was made to assure that the form complies with all general and certain state requirements prohibiting employment discrimination. However, legal requirements may vary from state to state and laws change frequently.



Supplemental Employment Information

Date _____

APPLICANT'S NAME _____

DO YOU HAVE A VALID PA DRIVER'S LICENSE? _____

WHAT IS YOUR DRIVER'S LICENSE NUMBER? _____

HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? YES/NO

EXPLAIN _____

CAN YOU DRIVE A STANDARD TRANSMISSION? YES/NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES/NO

WHEN WAS YOUR LAST PHYSICAL? _____

NAME OF PHYSICIAN WHO PERFORMED PHYSICAL _____

ARE YOU CAPABLE OF REPETITIVELY LIFTING 82 POUNDS? _____

WHAT HOURS ARE YOU AVAILABLE FOR WORK?

MON	TUES	WED	THU	FRI	SAT	SUN

ALL INFORMATION WILL BE KEPT CONFIDENTIAL