



# APPLICATION FOR EMPLOYMENT

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**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: \_\_\_\_\_

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**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
HIGH SCHOOL		YES	NO		
COLLEGE					
OTHER (SPECIFY)					

SPECIAL TRAINING, SKILLS OR SUBJECTS OF SPECIAL STUDY: \_\_\_\_\_

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**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**