



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:					DATE: _____		LAST				
NAME: _____					LAST	FIRST			MIDDLE		
PRESENT ADDRESS _____					STREET	CITY			STATE		ZIP
PERMANENT ADDRESS _____					STREET	CITY			STATE		ZIP
PHONE NUMBER: (_____) _____					SOC. SEC. #: _____				FIRST		
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY _____					REFERRED BY: _____						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____											
EXPLAIN: _____											
EMPLOYMENT DESIRED:					DATE YOU CAN START: _____		SALARY DESIRED: _____		MIDDLE		
POSITION: _____											
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 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: _____

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: _____

HIRE: _____ POSITION: _____ START DATE: _____ SALARY: _____

APPROVALS: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER GARDEN CENTER MANAGER GENERAL 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? _____

CAN YOU DRIVE A STANDARD TRANSMISSION? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? _____

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