



Employment Application

PERSONAL BACKGROUND (please print)

Name: Last		First	MI	Today's date:
				Date avail. to start:
Address				Phone #
City		State/Zip		Email (required)
Do you have the legal right to work in the U.S.? [] Yes [] No		Are you 18 years of age or older? [] Yes [] No		Do you possess a valid driver's license? [] Yes [] No
Type of employment desired [] Full time [] Part time [] Temporary [] Seasonal				

AVAILABILITY

Store Hours: Monday-Saturday 9:00 A.M.-8:00 P.M. Sunday 12:00 P.M.-5:00 P.M.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
From:							
Are you willing to work evenings, weekends or holidays if required? [] Yes [] No							
Position applied for: Retail Sales Associate [] Greenhouse Production [] Landscape [] Maintenance []					Desired Salary:		
Referral Source [] Advertisement [] Employee [] Relative [] Gov. Employ. Agency [] Walk-in [] Private Employ. Agency [] Other					Name of source (if applicable):		
Have you ever submitted an application here before? [] Yes [] No					If yes, give date(s):		
Have you ever been employed here before? [] Yes [] No				If yes, give dates, position, supervisor:			

JOB RELATED SKILLS

Check the work skills you possess:	<input type="checkbox"/> Cash Register	<input type="checkbox"/> Patios	Power Equipment	
	<input type="checkbox"/> Design	<input type="checkbox"/> Planting	<input type="checkbox"/> Tractor	<input type="checkbox"/> Bobcat
Knowledge of:	<input type="checkbox"/> Gardening	<input type="checkbox"/> Mulching	<input type="checkbox"/> Trencher	<input type="checkbox"/> Bed Edger
	<input type="checkbox"/> Pruning	<input type="checkbox"/> Computer	<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Sod Stripper
	<input type="checkbox"/> Sales	<input type="checkbox"/> CDL	<input type="checkbox"/> Brick Saw	<input type="checkbox"/> Compactor
	<input type="checkbox"/> Retaining Walls	<input type="checkbox"/> Able to lift 50lbs	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Perennials	<input type="checkbox"/> Shrubs	Other related skills/training/hobbies: _____	
	<input type="checkbox"/> Annuals	<input type="checkbox"/> Trees	_____	

EDUCATION BACKGROUND

Names & Locations of High Schools, Colleges, Universities, Special Programs	Diploma/Degree Earned	Graduation Date

EMPLOYMENT HISTORY

Provide the following information on your past and current employers starting with the most recent.

Employer:	Telephone:	Address:
Job title:	Hourly Rate/Salary:	Dates employed:
Immediate supervisor and title:	Supervisor email address:	May we contact for reference? [] Yes [] No [] Later
Summarize the type of work performed and job responsibilities:		
Reason for leaving:		
<hr style="border: 1px solid black;"/>		
Employer:	Telephone:	Address:
Job title:	Hourly Rate/Salary:	Dates employed:
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Reason for leaving:		

REFERENCES

List name and telephone number of three business/work related references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Relationship	Telephone	# of years known

Any other information would you like us to consider:

Authorization: I authorize investigation on all statements contained in this application. I understand that misrepresentation of information is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and/or salary, be terminated at any time without cause and without any previous notice.

Signature

Date