

Application for Employment

Position applied for:			Social Security Number:		
Name: (Please Print)					
Present Address:	Last		First	Middle How long have you lived there?	
	Street	City	State	Years Months How long did you live	
Previous Address:	Street	City	State	there? Years Months	
Home Phone Number:			Best Time to Call:		
Cell Phone Number:			Best Time to Call:		
I am interested in:	Full Time	Part Time	Full Time, but will acce	ept part time	
Desired number of hours po	er week:	_	Desired Pay:		
I am available:	Immediately	/I am available	starting		
Please indicate any days or	times you are una	vailable to work and w	/hy		
		mployment Ex			
Present or Last Employer	Employed	Pay Rate	Title or Position	<u>Status</u>	
	From (mo/yr)	Starting		full timepart time	
Address					
City, State, Zip Code	To (mo/yr)	Ending	Name of Supervisor	Average number of hours	
		_		per week	
Telephone					
Reason for Leaving:					
Previous Employer	Employed	Pay Rate	Title or Position	<u>Status</u>	
- · · · · · · · · · · · · · · · · · · ·	From (mo/yr)	Starting	<u></u>	full timepart time	
Address	, , ,			·	
City, State, Zip Code	To (mo/yr)	Ending	Name of Supervisor	Average number of hours	
				per week	
Telephone					
Reason for Leaving:					

Education

Do you have a high school	diploma or GED? _	YesNo	If no, please indicate highest	grade completed
Name and Address of School	Graduated Yes No	Last Year Completed	Course of Study	Special Training, Experience, or Skills
High School		9 10 11 12		
College		1 2 3 4		
Graduate/Professional		1 2 3 4		
Business/Trade				
Other				
	M	lilitary Service	Record	
Branch of Service	Date of Entry	Date of Separation	Job	Duties
	Trade Ex	Derience (chec	I k any and all that apply)	
	1-3 years	3-5 years	5+ years	Comments
Cashier				
Floral/Garden				
Retail/Management				
Customer Service				
Ever had a name change? employment/references ver	rification? If yes, giv	e name(s) and dates		hich would affect
Have you ever been convict				
Are you a U.S. Citizen? If you are not a U.S. Citizen Proof of citizenship or immi	, do you have a lega	_	I work in the U.S.?Yes loyment.	sNo
Are you 18 years of age or	older?Yes	No		
Do you have relatives or frie	ends working for this	company?Ye	esNo If yes, who?	
Have you ever been termina	ated or asked to res	ign from any job? _	YesNo If yes, exp	lain
Are you currently employed Are you currently on lay off			Date of Layoff:	
Do you have adequate trans	sportation to and fro	m work?Yes	No	
How many days of work have	ve you missed in the	e last three years due	e to reasons other than paid	time off?
List languages you speak, r	ead and/or write			

Personal References

Please list persons who know you well, not previous employers or relatives

		Number of Years		
Name	Occupation	Known	Address	Telephone Number
	•			•

Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company.

I authorize the persons named herein as former employers and personal references to provide the Company with any pertinent information they may have regarding myself and I release all parties from liability for any damages that may result from furnishing any of this information to the Company.

I understand that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I further agree that, if hired, any money I owe the Company may be taken out of any monies I am due including, but not limited to, wages, bonuses and vacation pay.

I understand that it is a violation of Company policy for any employee to sell, distribute, possess, use, or have in his or her system any level of alcohol or controlled substance while on Company premises or during working hours.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and complete to the best of my knowledge. I understand that any false information, misrepresentations or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become part of my personnel record.

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I HAVE READ THE ABOVE PARAGRAPHS AND I ACCEPT THEM AS CONDITIONS OF EMPLOYMENT BY THIS COMPANY SHOULD I BE OFFERED AND ACCEPT EMPLOYMENT.

ELGIN NURSERY & TREE FARM PARTICIPATES IN E-VERIFY

SIGNATURE OF APPLICANT	DATE				
DO NOT WRITE BELOW THIS LINE					
Interviewd by:	Date:				
Hire Date:	Position:				
REMARKS:	Wage:				

Employment Experience (if additional page needed)

Previous Employer	Employed From (mo/yr)	Pay Rate Starting	Title or Position	Statusfull timepart time
Address				
City, State, Zip Code	To (mo/yr)	Ending	Name of Supervisor	Average number of hours
				per week
Telephone				
Reason for Leaving:				
Previous Employer	Employed From (mo/yr)	Pay Rate Starting	Title or Position	Statusfull timepart time
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Telephone				
Reason for Leaving:				