## PAWTUCKAWAY NURSERY CORP. **APPLICATION FOR EMPLOYMENT**

MOST Garden Center/Nursery positions will require that you work at least one weekend day

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on the Use blank paper if you do not have enough room on this application application. In reading and answering the following questions, be aware the preferences or discrimination based upon non-job-related information.  Most Garden Center/Nursery positions will require that you work at least Job Applied for	n. PLEASE PRINT, except for signature on back of hat none of the questions are intended to imply illegal ast one weekend day		
	nent? When could you start work?		
Last Name First Name Middle N	Name Telephone Number		
Present Street Address City	State Zip Code		
Are you 18 years of age or older?	Yes No 🗌		
SOCHAX SOCIALITY AND If hired, can you furnish proof you	u are eligible to work in the U.S.? Yes No		
Have you ever applied here before? Yes No If yes, v	when?		
Were you ever employed here? Yes ☐ No ☐ If yes, v	when?		
Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)	Yes No 🗌		
If yes, give details	)		
If employed, do you expect to be engaged in any additional business or employment outside of our job?	Yes  No		
If yes, give details			
For Driving Jobs Only: Do you have a valid driver's license?	Yes 🗌 No 🗌		
DYNAKA KIKANSA NIAIKIKA Cla	ass of License State Licensed In		
Have you had your driver's license suspended or revoked in the la	ast 3 years? Yes No		
If yes, give details:			
KAKALANAK KARUKKUK KINGKAKUKAKKKKKKKKKKAKKAKKKKKKKKKKKKKKKKKK	· · · · · · · · · · · · · · · · · · ·		
Any prior commitments that could interfere with your schedule?	Dates		
	Number of Diploma/		
LIST NAME AND ADDRESS OF SCHOOLS	Number of Diploma/ Years Degree/ Subjects Completed Certificate		
High School or GED:	Completed		
College or University:			
Vocational or Technical:			
What skills or additional training do you have that relate to the job for which you are applying?			
What machines or equipment can you operate that relate to the job for wh	hich you are applying?		

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. if self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.			
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM	ТО
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
Have you worked or attended school under any other names?  If yes, give names:  Are you presently employed?			
Name	• •	dress Phone	
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING  I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.  I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.  I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.  I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.  I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.  I have read, understand, and by my signature consent to these statements.  Signature:  Date:  This application for employment will remain active for a limited time. Ask the organization's representative for details.			