



2019
Application for Employment

PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING APPLICATION

PERSONAL INFORMATION:

DATE: _____

NAME (Last)	(First)	(Middle)
HOME ADDRESS	CITY	STATE ZIP
HOME TELEPHONE	MOBILE TELEPHONE	Best time for contacting you
VALID DRIVER'S LICENSE #	EXPIRATION DATE	DATE OF BIRTH (if under 18)
CITIZEN OF THE USA?	HAVE YOU HAD ANY TICKETS IN THE LAST 3 YRS?	
WHO REFERRED YOU ?	HAVE YOU WORKED HERE BEFORE?	

AVAILABILITY INFORMATION:

DATE AVAILABLE TO START (dd.mm.yyyy) _____

DAYS AND HOURS YOU ARE AVAILABLE? NOTE SOME WEEKENDS ARE MANDATORY.

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

ARE YOU INTERESTED IN (CHECK ALL THAT APPLY)

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> SUMMER
<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> GARDEN CENTER	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> DESIGNER
<input type="checkbox"/> INTERN	<input type="checkbox"/> OFFICE	<input type="checkbox"/> OTHER:	

ANY SCHEDULED VACATIONS OR TIME OFF: _____

ARE YOU AVAILABLE FOR OVERTIME? _____

WORK HISTORY INFORMATION:

PLEASE PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST 3 EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT.

FROM / TO	EMPOYER / TELEPHONE #
JOB TITLE STARTING / ENDING	ADDRESS
IMMEDIATE SUPERVISOR & TITLE	WORK PERFORMED & JOB RESPONSIBILITIES
MAY WE CONTACT FOR REFERENCE? ____ yes ____ no ____ later	
REASON FOR LEAVING?	RATE / SALARY START / FINISH

FROM / TO	EMPLOYER / TELEPHONE #
JOB TITLE STARTING / ENDING	ADDRESS
IMMEDIATE SUPERVISOR & TITLE	WORK PERFORMED & JOB RESPONSIBILITIES
MAY WE CONTACT FOR REFERENCE? ____ yes ____ no ____ later	
REASON FOR LEAVING?	RATE / SALARY START / FINISH

FROM / TO	EMPLOYER / TELEPHONE #
JOB TITLE STARTING / LEAVING	ADDRESS
IMMEDIATE SUPERVISOR & TITLE	WORK PERFORMED & JOB RESPONSIBILITIES
MAY WE CONTACT FOR REFERENCE? ____ yes ____ no ____ later	
REASON FOR LEAVING?	RATE / SALARY START / FINISH

REFERENCE INFORMATION:

LIST 4 PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU FOR ATLEAST ONE YR.

NAME	ADDRESS	TELEPHONE NO	YEARS KNOWN
NAME	ADDRESS	TELEPHONE NO	YEARS KNOWN
NAME	ADDRESS	TELEPHONE NO	YEARS KNOWN
NAME	ADDRESS	TELEPHONE NO	YEARS KNOWN

WORK CAPABILITIES INFORMATION:

EDUCATION:

	HIGH SCHOOL		TRADE SCHOOL		COLLEGE
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SUBJECTS OR SPECIAL STUDY OR WORK: _____

ACTIVITIES: _____

SPORT ACTIVITIES: _____

LIST ANY EQUIPMENT YOU HAVE OPERATED OR DRIVEN BEFORE: _____

KAH NURSERY REQUIRES THE USE OF SEAT BELTS AT ALL TIMES ON THE ROAD.
WILL YOU WEAR A SEAT BELT WHILE IN COMPANY VEHICLES? _____

DO TO THE NATURE OF JOB REQUIRING PHYSICAL LIFTING DO YOU HAVE ANY PHYSICAL
CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED
FOR? _____

ANY WEIGHT LIMITATIONS? _____

ANY INJURIES? _____

ANY ILLNESS? _____

ANY ALLERGIES? _____ BEE ALERGIES? _____

HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE OFFENSE? _____

HAVE YOU EVER BEEN ARRESTED FOR A DUI? _____ ANY OTHER OFFENSE? _____

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME OR FELONY? _____

EXPLAIN _____

DO YOU HAVE A PERSONAL CAR? _____

PLEASE INITIAL THE FOLLOWING.

1. _____ I CERTIFY THIS INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS OR OMMISIONS OF FACTS ON THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR NOT CONSIDERING THIS APPLICATION FURTHER OR FOR IMMEDIATE DISMISSAL.

2. _____ I HEREBY AGREE AND UNDERSTAND THAT IF EMPLOYED BY KAH NURSERY THAT MY EMPLOYMENT IS AT-WILL AND IT IS NOT FOR ANY DEFINATE PERIOD OF TIME, AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITHOUT NOTICE BY KAH NURSERY WITHOUT NECESSITY OF SHOWING CAUSE FOR TERMINATION.

3. _____ I AUTHORIZE PRIOR EMPLOYERS OR REFERENCES TO GIVE KAH NURSERY ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHER-WISE, AND RELEASE ALL PARTIES FOR ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM INFORMATION RELEASED TO KAH NURSERY.

4. _____ I AUTHORIZE KAH NURSERY TO MAKE A THOROUGH INVESTIGATION CONCERNING MY CHARACTER, GENERAL REPUTATION, EMPLOYMENT BACKGROUND, EDUCATION ACTIVITIES AND TO CHECK ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION FORM. THIS INFORMATION WILL NOT BE USED FOR DISCRIMINATORY PURPOSES.

5. _____ I HEREBY AUTHORIZE ANY DRUG OR ALCOHOL TESTING REQUIRED BY KAH NURSERY.

6. _____ I HEREBY AGREE TO ALLOWING A BACKGROUND CHECK TO BE PERFORMED AND HAVE SINGED THE FOLLOWING DOCUMENT.

DATE _____ APPLICANT SIGNATURE _____