

Today's Date: _____

EMPLOYMENT APPLICATION

(Rev. 10/03//2018)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Are you working now? ___ yes ___ no If yes, can we call you at work? ___ yes ___ no Work telephone: _____

Position applying for: _____ Date Available: _____ Wage expected per hr.: \$ _____

Can you work over 40 hours per week? ___ yes ___ no Can you work Saturdays? ___ yes ___ no

Do you have reliable arrangements for attending work ? ___ yes ___ no

Do you have nursery experience? ___ yes ___ no If yes, where? _____ How long were you there? _____

What were your duties there? _____ Can you lift 50 lbs.? ___ yes ___ no

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION	GRADUATED	DEGREE EARNED
HIGH SCHOOL OR GED	Name _____	___ yes	
	City _____ State _____ Country _____	___ no	
COLLEGE OR TRADE SCHOOL	Name _____	___ yes	
	City _____ State _____ Country _____	___ no	
LICENSES YOU HAVE	ISSUES BY _____	Date Issued _____	Renewal Date _____

MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

LEGAL

Are you authorized to work in the US? ___ yes ___ no
(Identity and employment eligibility of all new hires will be verified as required by the Immigration and Reform Act of 1986)

Were you ever discharged by any company? ___ yes ___ no If yes, give name of company(ies) _____

Reason for discharge _____

Do you have a valid driver's license? ___ yes ___ no CDL? ___ yes ___ no (Only required if essential function of job offered)

Social Security # Requested if offered a position _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

May we contact your present employer? ___ yes ___ no Past employer? ___ yes ___ no

Please indicate if you were employed under a different name.

DATES	NAME & ADDRESS OF EMPLOYER	POSTION HELD & SUPERVISOR	LIST MAJOR DUTIES	REASON FOR LEAVING
FROM ____/____ Mo. Yr.	_____ Name _____ Address _____ City _____ State _____ Phone #	_____ Job Title _____ Supervisor		
TO ____/____ Mo. Yr.	_____ Name _____ Address _____ City _____ State _____ Phone #	_____ Job Title _____ Supervisor		
FROM ____/____ Mo. Yr.	_____ Name _____ Address _____ City _____ State _____ Phone #	_____ Job Title _____ Supervisor		
TO ____/____ Mo. Yr.	_____ Name _____ Address _____ City _____ State _____ Phone #	_____ Job Title _____ Supervisor		

REFERENCES

Business references. (do not list relatives) Please indicate if you were employed under a different name.

NAME	ADDRESS	WORK PHONE #	TITLE	YEARS KNOWN

PLEASE READ CAREFULLY

I understand that with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand also, that I am required to abide by all rules and regulations at North Coast Perennials.

I understand and agree that, if employed, the employment will be 'at will'. That is, either I or North Coast Perennials may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by North Coast Perennials does not imply employment and that this application and/or any other North Coast Perennials documents are not contracts of employment.

North Coast Perennials is an equal opportunity employer and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran status or disability.

Applicant's Signature

Date Signed