

APPLICATION FOR EMPLOYMENT

Nortex Wholesale Nursery, Inc.

Position Sought: _____ How did you learn about the position? _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Full Time	[]	Days Available	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Part Time	[]	From:							
Available Weekends	[]	To:							

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

Name _____ Length of time in the city: _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Languages spoken: [] English [] Spanish [] Other _____ Do you smoke? [] Yes [] No

Drivers License #: _____ [] Class C [] Other _____ How will you get to work? _____

Has your drivers license ever been suspended? ___ If so, why? _____

Relatives/friends employed here or at other nurseries: _____

Have you ever been convicted of a crime? [] If yes, explain: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

Do you have a physical or other situation that may be aggravated by your work or may affect your job assignment or performance? [] Yes [] No. If yes, please explain _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? [] Yes [] No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Special Skills or experience that may be relevant to the position desired: _____

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

MILITARY SERVICE

Were you in the U.S. Armed Forces? [] Yes [] No If yes, what branch? _____

Service Dates: _____ to _____ Rank at discharge: _____ List duties: _____

EMPLOYMENT HISTORY – (Most Recent First)

Dates		Employer / Address	Supervisor Phone	Major duties	Salary	Reason for leaving
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

Business and Personal References.

Name	Address, City, State	Phone	Relationship	Years Known

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment including character, employment record, financial, and credit information in order to arrive at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

May we check your current employer for reference information? [] Yes []