# The Garden Spot Employment Application

Date

Name

Last First Middle

Present Address

Telephone ( ) Cell ( )

If under 18 please list age

Days/hours available to work No Pref Thur

Mon Fri

Tues Sat

Wed Sun

Can you work evenings? How many hours can you work weekly?

Employment desired Full time Part time

When are available to start?

Please list any events, sports, or school commitments that require time off:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of School | Name of School | Location | # Years Completed | Major/Degree |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Business or Trade |  |  |  |  |
| School |  |  |  |  |

Have you ever been convicted of a crime? Yes No

If yes, please explain

Do you have a valid driver’s license? Yes No

What is your means of transportation to work?

Drivers license number State of issue

## Have you ever been in the Armed Forces? Yes No

## PREVIOUS WORK EXPERIENCE

|  |  |  |
| --- | --- | --- |
| Name of Employer  Address  City, State, Zip  Phone # | Name of Supervisor | Employment Dates |
|  | From  To |
| Reason for leaving | | Your job title |
| List jobs and duties performed, skills learned, etc. | | |

|  |  |  |
| --- | --- | --- |
| Name of Employer  Address  City, State, Zip  Phone # | Name of Supervisor | Employment Dates |
|  | From  To |
| Reason for leaving | | Your job title |
| List jobs and duties performed, skills learned, etc. | | |

|  |  |  |
| --- | --- | --- |
| Name of Employer  Address  City, State, Zip  Phone # | Name of Supervisor | Employment Dates |
|  | From  To |
| Reason for leaving | | Your job title |
| List jobs and duties performed, skills learned, etc. | | |

May we contact your present employer?

Did you complete this application yourself?

# Professional References

Name Name

Position Position

Company Company

Phone Number Phone Number

Do you have a physical disability that would prevent you from performing fully the duties for which you are applying? Yes No

Are you able to lift 20 lbs.? Yes No

# Are you able to lift 40 lbs.? Yes No

Are you able to lift over 40 lbs.? Yes No

Do you have any forklift or skidloader experience? Yes No

If yes, please explain

Have you ever worked in a retail store? Yes No

Do you have any experience handling cash and/or running a cash register? Yes No

If yes, please explain

Do you have any plant, gardening, landscaping experience? Please explain

Are you able to be on your feet for extended periods? Yes No

Are you able to work in all weather conditions (i.e. rain, cold, wind, heat) Yes No

Information to the applicant: As part of our procedure for processing your employment application, your personal references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You also may be required to show proof of citizenship, valid driver license, and perform a drug test.

I understand and agree to the information above:

Signature: Date: