



Bonnie Plants

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Name _____ Date _____

All statements made by applicants for employment on this application form may be checked for accuracy. We offer employment to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status.

PERSONAL INFORMATION

Name _____ Social Security # _____

Present address _____

Home or nearest phone _____ Emergency phone number _____

Email Address (required) _____

Are you over the age of 18? Yes No

Do you have the legal right to work in the United States? Yes No

If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Position(s) applied for _____ How soon could you report to work? _____

Type of employment Full-time Part-time Temporary

Rate of pay expected _____

What days and hours if part time?

Days _____ Hours From () a.m. To () p.m.

Have you applied for a job with us before? Yes No

Have you ever worked for us before? Yes No

If yes, at what location? _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, give circumstances: _____

Are you employed now? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

Do you have any greenhouse/farm experience? Yes No If yes, how much experience do you have?

What experience do you have?

EDUCATION

Type of School	Name and Address Of School	Major	Check Last Year Completed	Graduate or Degree
High School	_____	_____	9 10 11 12	_____
College	_____	_____	1 2 3 4	_____

PRIOR WORK RECORD

Start with most recent or present employer and complete in full.

1. Name and address of most recent employer _____ Telephone No. _____

Immediate supervisor _____ Hire date _____

Job title and duties _____

Date left _____ Reason for leaving _____

May we contact this employer? Yes No

2. Name and address employer _____ Telephone No. _____

Immediate supervisor _____ Hire date _____

Job title and duties _____

Date left _____ Reason for leaving _____

May we contact this employer? Yes No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

References

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application will result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

Signature of Applicant Date