

APPLICATION FOR EMPLOYMENT

ROOSEVELT TRAIL NURSERY & GARDEN CENTER

L. J. GAGNE LANDSCAPING

POSITION DESIRED

Position Applied For _____ Salaried Desired _____
Date you can start work _____ Full time Part time
Have you ever applied or been previously employed with us before? Yes No
Are you currently employed? Yes No

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last Name First Name Middle
Current Address _____
Number Street Apt
City _____ State _____ ZIP _____
Home Phone _____ Alternate Phone _____
Are you 18 years of age or older? Yes No If no, you will be requested to submit state required work/age certificates.
Are you legally eligible to work in the US? Yes No By law, Proof of Eligibility documents must be provided at the time of hire.
Have you ever been convicted of a felony, or plead nolo contendere (no contest) to a felony, or plead guilty to a felony or been found guilty of a felony? Yes No If yes, please describe in full, including dates:

EDUCATION

	Name /Location of School	Did you graduate?	Degree Awarded	Subjects Studied/ Major Courses
High School			---	
College/Vocational				
Graduate studies				
Other Formal Education				

SPECIAL / TECHNICAL SKILLS

Computer Software/Hardware _____ Office Equipment _____
 Carpentry _____ Small Equipment _____
 Heavy Construction Equipment _____ Other _____

REFERENCES

Please provide the names of two references from your professional or academic life:

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Please provide the name of a person, not relative, who has known you 5 years or more:

Name _____ Phone _____
Address _____

EMPLOYMENT HISTORY

List your current or most recent employer first. Please complete all information requested including military service and/or any periods of self-employment.

PRESENT OR LAST EMPLOYER

Company _____

Address _____

Phone Number _____ Dates Employed: From _____ To _____
mm/dd/yyyy mm/dd/yyyy

Last position held: _____ Last Salary: _____

Last Supervisor's Name _____

Reason for Leaving (be as specific as possible) _____

EMPLOYER

Company _____

Address _____

Phone Number _____ Dates Employed: From _____ To _____
mm/dd/yyyy mm/dd/yyyy

Last position held: _____ Last Salary: _____

Last Supervisor's Name _____

Reason for Leaving (be as specific as possible) _____

EMPLOYER

Company _____

Address _____

Phone Number _____ Dates Employed: From _____ To _____
mm/dd/yyyy mm/dd/yyyy

Last position held: _____ Last Salary: _____

Last Supervisor's Name _____

Reason for Leaving (be as specific as possible) _____

By my signature below, I certify that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I agree to immediately notify the employer if I should be convicted of a felony while my application is pending or during my period of employment if hired.

I understand that the company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. In addition, I understand that the company reserves the right to conduct background investigations to determine my qualifications for employment. I authorize any person, school, current employer, past employer(s) and organizations named in this application and accompanying resume or document, if any, to provide to the company any information and opinion requested in connection with any application, and I release such parties from any liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted policies. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person other than the President is authorized to change any terms mentioned in this application.

Applicant Signature: _____ Date: _____

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