



Loen Nursery, Inc.

Application for Employment

PLEASE PRINT

				DATE	
NAME (FIRST, MIDDLE INITIAL, LAST)				SOCIAL SECURITY NUMBER	
ADDRESS		CITY		STATE	ZIP
TELEPHONE NO. - HOME	TELEPHONE NO. - CELLULAR	TELEPHONE NO. -WORK		E-MAIL ADDRESS	
POSITION DESIRED		TYPE OF POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SALARY/HOURLY RATE DEISRED \$	
SHIFT APPLYING FOR	HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES LIST DATES:				
DATE AVAILABLE FOR EMPLOYMENT	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DRIVER'S LICENSE #	VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO			STATE ID # (IF NO D.L.)	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
LOEN NURSERY WILL AFFORD REASONABLE ACCOMMODATION TO QUALIFIED APPLICANTS & EMPLOYEES WITH A KNOWN DISABILITY, UNLESS SUCH ACCOMMODATION CREATES AN UNDUE HARSHIP ON THE COMPANY'S OPERATIONS.					

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN, GIVE DEGREE IF EARNED	CHECK LAST YEAR COMPLETED				GRADUATE ? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST YEAR ATTENDED
			1	2	3	4		
HIGH SCHOOL								
COLLEGE								
BUSINESS OR TRADE SCHOOL								

SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS, VOLUNTEER ACTIVITIES, MILITARY EXPERIENCE, EMPLOYMENT OR OTHER ACTIVITIES RELATED TO THE JOB YOU ARE SEEKING (I.E. TYPING SPEED, COMPUTER SKILLS, DRIVING EXPERIENCE, MECHANICAL/CONSTRUCTION EXPERIENCE ETC.):

TYPE OF EXPERIENCE	YRS.	MOS.	TYPE OF EXPERIENCE	YRS.	MOS.

PROFESSIONAL REFERENCES

NAME – DO NOT LIST RELATIVES	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER

HOW DID YOU HEAR OF THIS OPENING?	CAN YOU PROVIDE PROOF, IF HIRED, THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT – INCLUDE VOLUNTEER WORK THAT RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING.

WOULD YOU BE AVAILABLE TO WORK WEEKENDS? YES NO

WOULD YOU BE AVAILABLE TO WORK OVERTIME? YES NO

We are an equal opportunity employer and we do not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status, veteran status, or any other occupationally irrelevant criteria.

ACKNOWLEDGEMENTS / SIGNATURE

Read carefully before signing.

1. I understand that receipt of this application does not mean that I will be employed.
2. I certify that all statements and information furnished by me in this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed.
3. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and periodically during my employment.
4. Should I be employed, I agree to comply with all rules, regulations and policies of the company. I understand the company has the right to change its rules, regulations and policies at any time.
5. I also understand that no representative of the company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President of the company.
6. I authorize the company to verify any of the information furnished by me including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies or organizations and law enforcement agencies to give you complete information and records regarding my employment, education, character and qualifications and hereby release any said persons, schools, companies or organizations and law enforcement agencies from any liability for any damage whatsoever for providing this information.

SIGNATURE OF APPLICANT _____ DATE _____

All information acquired through this application process will be used by the company solely for the determination of the applicant's qualifications for employment. This application is valid for 90 days from the date above. Future considerations require additional applications.