



SUN NURSERIES

Application For Employment

An Equal Opportunity Employer

PERSONAL INFORMATION

Name _____
Last First Middle

Date _____

Street Address _____

Phone (____) _____

Mobile

(____) _____

Other

City State Zip Code

Are you legally eligible for employment in the United States? Yes ___ No ___ , if no please do not proceed and return application.

Are you over 18? Yes ___ No ___ Are you under 16? Yes ___ If yes, you will be required to provide a work permit, if hired.

Have you ever been convicted of a crime other than a traffic violation? Yes ___ No ___ If yes, give date and explanation:

Do you have a driver's license? Yes ___ No ___ If yes, Vehicle Operator License # _____ State ___ Class ___

If no, do you have reliable transportation to and from work? Explain _____

Has your license ever been suspended or revoked in any state? Yes ___ No ___ If yes, please indicate year and reason

This is a completely **smoke/vape free** environment; including in vehicles and on job sites. Will this be a problem? Yes ___ No ___

Sun Nurseries, Inc. practices IPM, and applies pesticides periodically. Are you pesticide sensitive? Yes ___ No ___

EMPLOYMENT DESIRED AND AVAILABILITY

Position Desired _____ Fulltime ___ Part time ___ Summer ___

Year round: ___ Seasonal: ___ # of hours seeking per week _____

Date Available to begin work _____ For Seasonal or Summer, Date expect to Leave _____ Wage desired _____

Please list all schedule limitations (Ex. School, Childcare, Religious or other obligations): _____

Sun is open 7 days a week, end of Feb. thru end of Dec. closing as late as 6:30pm; Winter hours Mon. thru Fri. 8-4:30

Working a weekend days is necessary for any nursery position. Are you available to work weekends? Yes ___ No ___

You may be asked to work overtime during the busy season (Apr & May). Is this a problem? Yes ___ No ___

PHYSICAL RECORD

Working in a nursery can be **STRENUOUS**. Do you have any physical limitations (i.e., back problems, etc.) that would prevent you from doing certain kinds of work? Yes ___ No ___ If yes, please explain: _____

Check the weight you can routinely lift: less than 25 lb ___ 25 lb ___ 30 lb ___ 40 lb ___ 50 lb ___

EDUCATION AND EXPERIENCE

School	Name & Location	Graduate?	Subjects Studied +/-or Degree Earned
High School			
College, Trade, Business or Correspondence School			

Subjects of special study or research work: _____

EDUCATION AND EXPERIENCE CONTINUED

Please Attach Resume or fill in chart below

Name of Present or Last Employer	Salary/Wage	Position	Employed (Month/Year) From: To:
Address			Telephone ()
Name of Supervisor	Reason for Leaving		
Name of Present or Last Employer	Salary/Wage	Position	Employed (Month/Year) From: To:
Address			Telephone ()
Name of Supervisor	Reason for Leaving		
Name of Present or Last Employer	Salary/Wage	Position	Employed (Month/Year) From: To:
Address			Telephone ()
Name of Supervisor	Reason for Leaving		

Are you employed now? Yes _____ No _____ If yes, may we contact your present employer? Yes _____ No _____

Do you have any horticultural and/or retail experience? Yes _____ No _____ If yes, please explain: _____

Do you have any experience operating farm machinery? Yes _____ No _____
If yes, please explain: _____

Have you served in the U.S. Military? Yes ___ No ___

REFERENCES Please list three persons not related to you, whom you have known at least one year.

Name	Address	Occupation
Phone		
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF AN EMERGENCY PLEASE NOTIFY

Name	Address	Phone
_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all information concerning my previous employment and any pertinent information that may be personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I understand that I will be asked to sign a non-disclosure agreement.

Signature _____ Date _____