



# SUN NURSERIES

# Application For Employment

An Equal Opportunity Employer

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  
 Mobile  
 (\_\_\_\_) \_\_\_\_\_  
 Other

Email: \_\_\_\_\_

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

**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 \_\_\_\_\_