

# Application For Employment



**SUN  
NURSERIES**

An Equal Opportunity Employer

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

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

Phone (\_\_\_\_\_) \_\_\_\_\_

Daytime

(\_\_\_\_\_) \_\_\_\_\_

City State Zip Code

Evening

Email \_\_\_\_\_

Are you under 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, you will be required to provide a work permit, if hired.

Are you over 16? Yes \_\_\_\_\_ No \_\_\_\_\_

This is a completely smoke free environment. No smoking is permitted on the premises including in vehicles and on job sites.

Will this be a problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date and explanation: \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

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 state, date and reason \_\_\_\_\_

Do you have any experience operating farm machinery? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position Desired \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_

Date Available to begin work \_\_\_\_\_ Wage desired \_\_\_\_\_

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

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

Most full time positions require you to work overtime during the busy season. Is this a problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any horticultural and/or retail experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## EDUCATION

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

Correspondence School			
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Subjects of special study or research work: \_\_\_\_\_

Did you serve in the U.S. Military? 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: \_\_\_\_\_

**EMPLOYMENT HISTORY**

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 (      )
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Address			Telephone (      )
Name of Supervisor	Reason for Leaving		

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