



APPLICATION FOR EMPLOYMENT

We are a drug free environment. Do you use Alcohol, drugs or tobacco? Yes No. If yes, why? _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____ Phone# _____

Have you ever worked or applied for work with us before? Yes No. If yes, where & when? _____

Have you been convicted of a criminal offense within the past seven years? Yes No. If yes, give details _____

NOTE: Only U.S. Citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment.

Can you upon employment, give us proof of your legal right to work in the United States? Yes No.

Referred by: _____ In case of emergency notify the following person _____ Phone# _____

EMPLOYMENT INTERESTS

Position Desired: _____ Full-time Part-time Seasonal

Salary Expected: _____ Date Available _____

Please indicate the days and hours which you prefer to work. Be sure to state A.M. or P.M.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Are you willing to work overtime, evenings, weekends, or holidays if required? <input type="radio"/> Yes <input type="radio"/> No.							

EDUCATION

Last Grade/level

Degree

Course/Major

High School _____

Vocational _____

College _____

Other _____

EMPLOYMENT HISTORY

Please list your last 4 jobs, beginning with your present or last employer. Account for ALL periods including UNEMPLOYMENT, SELF-EMPLOYMENT and US MILITARY SERVICE. If space is insufficient, list on a separate page as needed.

1. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No		
Department	Supervisor			Phone#		
2. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No		
Department	Supervisor			Phone#		
3. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No		
Department	Supervisor			Phone#		
4. Name & Address		Type of Business	Salary		Date	
			Start	End	Start	End
Job Title		Duty or Responsibility	Reason for leaving or wishing to leave	May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No		
Department	Supervisor			Phone#		

STATEMENT

I certify that the facts presented in this application are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I authorize Little Red Nursery/Landscapes to verify all statements contained on this application and to investigate my background as necessary. Further, I understand that no store manager or representative of Little Red Nursery/Landscapes, other than the President of the Company, has any authority to enter into any agreement of employment for any specific period of time, or to make any agreement contrary to the foregoing. Because Little Red Nursery/Landscapes is an "at will" employer. I understand that the Company reserves the right to terminate my employment without reason, with or without a past record of counseling or corrective action. I understand also that I have the same right to terminate my employment for any reason and at any time. Lastly, in consideration for my employment, I agree to conform to the rules and regulations of Little Red Nursery/ Landscapes.

Applicant's Signature _____ Date _____

Email _____

SUBMIT >