



## EMPLOYMENT APPLICATION

Willowbend Nurseries gives all applicants for employment equal consideration regardless of race, color, sex, religion, national origin, age, sexual orientation, marital status or disability. The decision to hire an applicant is based solely on individual qualifications that meet the job requirements.

Location Applying For: \_\_\_\_\_

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

### GENERAL INFORMATION:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List any additional names which you have used which will permit us to check your work record:

\_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available to start work: \_\_\_\_\_

If hired by Willowbend Nurseries, I would like to work Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

### AVAILABLE TO WORK:

	SUN	MON	TUES	WEDS	THU	FRI	SAT
FROM (Start time)							
TO (End time)							

Have you ever applied at or been employed by Willowbend Nurseries before? \_\_\_\_\_

If yes, please give Dates & Location: \_\_\_\_\_

Are you legally entitled to work in The United States? \_\_\_\_\_

If hired, can you provide documentation of this eligibility? \_\_\_\_\_

Have you even been convicted of, found guilty of, plead guilty to, or admitted guilt of a crime?

Yes \_\_\_ No \_\_\_ If yes, describe in full \_\_\_\_\_

The duties of this job require bending, lifting and extended standing. Are you able to perform the essential duties of this job with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any friends or relatives employed by Willowbend? \_\_\_\_\_

If yes, give names and locations: \_\_\_\_\_

We conduct pre-employment drug screening for some positions. Are you willing to submit to a drug test? \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Yrs. Completed

Field of Study

Graduate or Degree

High School			
College/University			
Business/Technical			
Other			

**MILITARY SERVICE:**

Yes \_\_\_\_\_ No \_\_\_\_\_

Duty/Specialized Training: \_\_\_\_\_

**REFERENCES:** List two personal references who are not relatives or former supervisors.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Years known \_\_\_\_\_

**EMPLOYMENT:** List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name & Address	Position Title/Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
	Supervisor's Name:	Telephone:	
Employer Name & Address	Position Title/Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
	Supervisor's Name:	Telephone:	

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I consent to undergo any such medical examination as may be required. I understand that nothing contained in this employment application or in the granting of any interview is intended to create a contract between me and this company for their employment or the provision of any benefits; and further understand that if any employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have similar right. In addition, I understand that the Immigration and Control Act of November 6, 1986 requires me to prove my identity and eligibility to work and that failure to provide such proof within a certain period of time may legally force my termination.

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