

EMPLOYMENT APPLICATION

Qualified applicants receive consideration for employment without discrimination based on race, color, religion, national origin, age, sex, sexual orientation, marital status, veteran status, or handicap.

GENERAL INFORMATION

Name: _____ Email: _____
Last First Middle

Address: _____ Phone: _____
Street City State Zip code

Are you 18 years or age or older? Yes _____ No _____ Are you eligible to work in the United States? Yes _____ No _____

Is there anything that would prevent you from lifting or being on your feet all day? Yes _____ No _____

If yes, explain: _____

POSITION DESIRED

What type of work are you interested in? _____ P/T _____ F/T _____ Weekends _____ Seasonal _____

What hours and days are you available to work? Please be VERY specific. Wage Desired: _____

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Do you have any planned vacations, commitments, or events that will keep you from working the hours listed above?

Explain: _____

Why do you want to work at Bellevue Nursery? _____

List three things that are important to you in a work environment: 1) _____ 2) _____

3) _____

List three characteristics that best describe you: 1) _____ 2) _____

3) _____

List any skills and qualifications that you have acquired through experience and/or training:

Plant Knowledge / Nursery or garden center experience: _____

Customer Service / Retail experience: _____

Cashier experience: _____

Computer experience: _____

EDUCATION

	School Name & Location	# Yrs	Graduated?	Degrees	Subjects Studied
High School					
Colleges					
Other Schools					

Relevant classes, volunteer/community work, hobbies, or special interests: _____

EMPLOYMENT HISTORY

Complete this section even if attaching your resume. Begin with the current/most recent employer. Include temporary and contract work, military service, and self-employment.

From	To	Employer Name & Address		
Starting \$	Ending \$	Job Title	Supervisor	Phone ()
Summary of Duties and Job Responsibilities				
Reason for Leaving:				

From	To	Employer Name & Address		
Starting \$	Ending \$	Job Title	Supervisor	Phone ()
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From	To	Employer Name & Address		
Starting \$	Ending \$	Job Title	Supervisor	Phone ()
Summary of Duties and Job Responsibilities				
Reason for Leaving:				

Explain any periods of unemployment:

From: _____ To: _____ How did you spend your time? _____

From: _____ To: _____ How did you spend your time? _____

Other relevant experience: _____

Please Read Before Signing

The above information is true and correct to the best of my knowledge. I understand that any false information, misrepresentation or omission is cause for termination. I authorize you to contact former employers, references, or any persons regarding my abilities, performance, education, character and employment record. Offers of employment are contingent upon satisfactory evidence of identity, legal authority to work in the United States and valid Washington State-issued identification. If employed, I agree to comply with all company policies and procedures. I understand that my employment may be terminated at any time with or without cause. I also understand that there is no express or implied employment contract between me and the company, and any verbal representations to the contrary are not binding.

SIGNATURE: _____

DATE: _____