



Soil Service Garden Center

Do Not Write In This Space
Interviewed By:
References Checked By:
Remarks:

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

**All answers
must be in the handwriting
of the applicant**

Do Not Write In This Space
Employed
Date _____
Dept. _____
Position _____
Salary _____
I-9 Complete _____

**IN COMPLIANCE WITH THE IMMIGRATION REFORM AND
CONTROL ACT, WE HIRE ONLY U.S. CITIZENS AND
ALIENS LAWFULLY AUTHORIZED TO WORK IN THE U.S.**

NAME _____ DATE _____
(Last) (First) (Middle) Social Security Number

ADDRESS _____
(Street & No.) (City) (State) (Zip) Phone Number

DATE OF BIRTH* _____ If you have no phone, how
(Month) (Day) (Year) can we reach you? _____

*The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are forty years of age or older.

Driver License #: _____

State of License: _____

POSITION DESIRED _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB? YES ____ NO ____

If no, please identify the essential function(s) you are not able to perform, and describe any reasonable accommodation which would permit you to perform the essential function(s). _____

MILITARY SERVICE IN THE ARMED FORCES OF THE UNITED STATES

Branch of service _____

Dates served from _____ to _____ Rank at separation _____

Person to be notified in case of accident or emergency:

(Name)

(Address)

(City, State, Zip)

(Phone Number)

EDUCATION

Please furnish below a statement of your education and training.

Education	Name of School and Location	Number of Years Attended	Course Pursued	Date of Leaving	Did You Graduate?
High School				N/A	
Correspondence School					
Business School					
College or University					
Other					

In what activities did you participate while in school? _____

What foreign languages do you speak or understand? _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

It is important that you truthfully answer the following questions on criminal and dishonest conduct. Criminal conduct includes both misdemeanors and felonies. Your answers are subject to investigation by the Company, and any inaccuracy will subject you to discharge. The disclosure of criminal or dishonest conduct will not necessarily result in your rejection for employment.

Have you ever been charged with a crime (other than a traffic violation but including driving under the influence of alcohol or drugs) that resulted in a conviction, probation, suspended imposition of sentencing or a guilty plea? _____

If so, for each instance please state the date, the place, the crime and the circumstances. _____

1. Have there ever been shortages or misunderstandings about merchandise or funds at a place of employment which involved you? _____

2. Have you ever participated in shoplifting? _____

3. Have you ever taken anything of any value from any of your prior employers without permission? _____

4. Have you ever known of a person who took something of value from one of your prior employers without permission and whose conduct you did not report to the employer? _____

5. Do you feel there is ever a time or condition that would justify the removal of any merchandise item without payment from the employer's place of business? (Excluding tools needed to work away from the yard for business reasons). _____

If you answered yes to any of the above five questions, please explain your answer. _____

Give the names of three persons, not relatives or former employers, who have known you for at least two years.

Name	Occupation	Phone/Address

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			

Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			

Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title			
Starting Salary	Ending Salary	Dates worked From To	
Reason for leaving			

Please identify and explain any periods of unemployment during the past 5 years. _____

Have you ever been discharged from employment or asked to resign employment? _____

If so, explain in full: _____

May we communicate with your present employer? _____

How soon could you report for work? _____

What starting salary or wage do you expect? _____