



GROUND EFFECTS

landscape - floral - garden center

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
 Last First Middle Maiden

Present Address _____
 Number Street City State Zip

How Long _____ Social Security No. _____ - _____ - _____

Telephone () _____ If under 18, please list age _____

Email _____

EMPLOYMENT DESIRED

Position applied for _____ Days/hours available _____

Hourly wage desired _____

How many hours can you work weekly? _____ Can you work nights? _____

Other notes on hours _____

Employment desired Full time Part Time Full or part time

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or trade school				
Professional or grad school				
Please describe other training, seminars, coursework, that applies to job				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone Number	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Final:
	Your last job title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company			

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List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company			

Are you currently employed? Yes No
May we contact your present employer? Yes No
Did you complete this application yourself? Yes No
If not, who did? _____

Have you ever been convicted of a felony? Yes No
If yes, explain number of convictions, nature of offenses leading to convictions. How recently such offenses were committed, sentences imposed and types of rehabilitation. _____

Have you ever been in the armed forces? Yes No
Specialty _____ Date Entered _____ Discharge Date _____
Are you now a member of the National Guard? Yes No

If hired, can you prove proof of U.S. citizenship
or proof of your legal rights to live and work in this country? Yes No
Do you have any friends or relatives employed by this company? Yes No
If yes, please provide their names and relationship to you.

If hired, would you have a means of transportation to and from work? Yes No
Do you have any physical limitations that would prevent you from
performing essential functions and duties of the job for which you
are applying? Yes No
If so, please describe the functions or duties you are unable to perform. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company Name	Address	
Telephone	Email	Years Acquainted

Name		Occupation
Company Name	Address	
Telephone	Email	Years Acquainted

Name		Occupation
Company Name	Address	
Telephone	Email	Years Acquainted

ADDITIONAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe you full qualifications for the specific position for which you are applying.

Signature of applicant _____ Date _____

This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualification,

Thank you for completing this application form and for your interest in our business.