

PORTLAND NURSERY

Application for Employment

Name _____
LAST FIRST MIDDLE

Address _____
CITY STATE ZIP

Telephone () _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS MUST BE ANSWERED.

STATE "N/A" IF QUESTION IS NOT APPLICABLE

REV. 12/15/06

THIS IS A DRUG FREE WORKPLACE

Personal Information (PLEASE PRINT)

Date of Application _____ Position Applied For _____

Salary Expectation _____ On what date would you be available for work? _____

Are you available to work

- Full Time Part Time Weekends Temporary

Times available for work (*please indicate whether "a.m." "p.m." or "any"*)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How were you referred to us? _____

Have you filed an application here before? Yes ___ No ___ If yes, date/location _____

Have you ever been employed here before? Yes ___ No ___ If yes, date/location _____

Are you employed now? Yes ___ No ___ May we contact your present employer? Yes ___ No ___

Does your present employer know of your plans to change employment? Yes ___ No ___

Why do you desire to make a change? _____

Are you on a lay off and subject to recall? Yes ___ No ___

Have you ever been discharged or requested to resign from a position? Yes ___ No ___ If yes, explain. _____

Do you have reliable means to insure on time arrival? Yes ___ No ___ Can you travel if the job requires it? Yes ___ No ___

Have you ever held a position of trust (handling money or confidential material)? Yes ___ No ___

Have you ever been refused Bond? ___ If Yes, please explain. _____

Are you legally eligible to work in the United States? Yes ___ No ___

(Proof of citizenship/immigration status & identity is required upon employment.)

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation? ***(Answering "yes" is not an automatic bar to employment.)***

Yes ___ No ___ If so, state date, court and place where offense(s) occurred _____

Do you hold a valid driver's license? Yes ___ No ___ List State _____

Have you been convicted of any moving violation(s) in the last 3 years? _____ If Yes, give date(s) and explanation. _____

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) _____

Why do you want to work here? _____

Employment History (Must be completed even when accompanied by resume)

Start with your present or last job. Include **ALL** assignments and positions held in the last 10 years. Be specific about information and dates. May add any jobs related to our industry.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned____ Terminated____			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned____ Terminated____			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned____ Terminated____			
State Reason:			
Employer:	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (Street, City & State):			
	Phone:		
Job Title:	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Resigned____ Terminated____			
State Reason:			

If you need additional space to provide full work history, you may request a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications from employment or other experience _____

List professional, trade, business or civic activities and offices held. (Do not list religious or ethnic affiliations) _____

Computer skills (list programs and proficiency level) _____

Typing _____ WPM Shorthand _____ WPM

What foreign languages do you speak, read and/or write? _____

Education Information

SCHOOLING	YEARS COMPLETED	DEGREE REC. & MAJOR SUBJECTS	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR OR HIGH SCHOOL					
TRADE BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Honors Received: _____

Agreement

The facts set forth in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

I understand that if my application is accepted that employment with this company at all time is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract, or promise of employment for any specific length of time

Signature of Applicant

Date

In case of emergency, I authorize you to notify: _____

Work Phone () _____ Home Phone () _____