

# Application for At-Will Seasonal Employment

## Van Atta's Greenhouse & Flower Shop

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

*Please Print*

Name \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Department(s) preferred/experienced in \_\_\_\_\_ Nursery (trees & shrubs) \_\_\_\_\_ Perennials  
\_\_\_\_\_ Annuals/Greenhouse \_\_\_\_\_ Cashier \_\_\_\_\_ Flower shop \_\_\_\_\_ Tropicals \_\_\_\_\_ Any

Date you can start \_\_\_\_\_

Present Address:

\_\_\_\_\_  
Street City State Zip

Permanent Address:

\_\_\_\_\_  
Street City State Zip

Telephone number: \_\_\_\_\_ 2<sup>nd</sup> number \_\_\_\_\_

Are you 18 years or older \_\_\_\_\_ Yes \_\_\_\_\_ No

Available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time (including weekends) \_\_\_\_\_ Part Time

Are there any hours or days that you cannot work: \_\_\_\_\_ If so, when \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you ever applied to this Company before? \_\_\_\_\_ When? \_\_\_\_\_



**Current & Former Employers:** (Most recent one first)

Date Month/ Year	Name, Address & Phone of Employer	Salary Starting/ Ending	Last Position Held Responsibilities	Reason for Leaving
From:  To:				
From:  To:				
From:  To:				
From:  To:				
From:  To:				

May we contact the Employers Listed? \_\_\_\_\_

If not, which one(s) \_\_\_\_\_

Please read the following statement carefully before signing to indicate your understanding:

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Van Atta's Greenhouse prior to the administration of the test so that a reasonable accommodation can be made. Van Atta's reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

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Date

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Signature

\*Employers specifically excepted:

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