

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: _____ 2nd 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? _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other				

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____

If so, please state citation, date and place where offense occurred _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application _____

References Three individuals not related to you, whom you have know for at least one year:

Name	Address & Telephone	Relationship	Years Acquainted

Emergency Contact:

Name Street City/State Phone

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:				

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.

Date

Signature

*Employers specifically excepted:
