



# Application for Employment

Today's Date

## Your Personal Information

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*City State Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Email  
 Other \_\_\_\_\_

## Your Emergency Contact

In case of an emergency, I authorize you to contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED**  
**STATE "N/A" IF QUESTION IS NOT APPLICABLE**

### JERICHO NURSERY IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are accepted and selection decisions are made without regard to race, sex (including sexual orientation, gender expression, and gender identity), pregnancy (including childbirth and related medical conditions), national origin, ancestry, color, religion, age, disability, physical or mental handicap, genetic information, military status, citizenship status, marital 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.

### THIS IS A DRUG-FREE WORKPLACE

**Tell Us About Yourself** (You must answer every question on this application. If a question does not apply, put "N/A." Please print.)

What position are you applying for? \_\_\_\_\_

What is your salary expectation? \$ \_\_\_\_\_ When can you start work? (Date) \_\_\_\_\_

How were you referred to us? \_\_\_\_\_  
(If you were referred by a person, please provide the name)

Have you completed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, date/position/location \_\_\_\_\_

Are you available to work (Check any that apply):  Full-time  Part-time  Temporary  Weekends

Are there any days or times during the week that you are not available to work?  Yes  No

(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)

If yes, please list the days/times you are not available to work \_\_\_\_\_

If necessary, can you provide proof that you are over any minimum work age requirement?  Yes  No

Are you willing to work overtime?  Yes  No Do you have steady transportation to work?  Yes  No

Can you travel, if required?  Yes  No What percentage of time? \_\_\_\_\_

Are you on a layoff and subject to recall?  Yes  No May we contact your present employer?  Yes  No

How much time have you lost from work during the past 12 months? \_\_\_\_\_

Are you now, or do you expect to be, engaged in any other business or employment while working here?  Yes  No

If yes, please explain \_\_\_\_\_

Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?  Yes  No

If yes, please explain \_\_\_\_\_

Are you currently subject to a noncompete agreement or restrictive covenant that would prohibit you from working at our company in the position for which you are applying?  Yes  No

If yes, provide a copy of the agreement and state the name of the company: \_\_\_\_\_

Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please explain \_\_\_\_\_

Why do you desire to make a change? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No (Proof of identity and employment authorization required upon hire)

What three things are most important to you in a job? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

What three adjectives best describe you? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

What type of work do you most enjoy? \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

**Tell Us About Your Special Skills and Qualifications**

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company \_\_\_\_\_

List any professional, trade, business, or civic activities or offices held that would relate to working here \_\_\_\_\_

List any foreign languages that you fluently speak, read, and/or write that would relate to working here \_\_\_\_\_

List software programs that you are proficient in \_\_\_\_\_

## Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid and unexpired driver's license that is not currently suspended or revoked?  Yes  No

If yes, provide the state \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last 5 years?  Yes  No

If yes, give date(s) and explanation of each \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Tell Us About Your Past (Answering "yes" to any of these questions is not an automatic bar to employment.)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach, violation of a drug-free workplace policy, or theft?

Yes  No If yes, explain the circumstances, employer, and date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any license or certification suspended or revoked? (e.g., driver's license, etc.)

Yes  No If yes, list the license(s) or certification(s) suspended or revoked and state when and why the license or certification was suspended or revoked. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Military Service

Branch of Service	Rank at discharge, if applicable	Dates of Service From: _____ To: _____
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List Duties and Special Training and/or Skills

## Your Work History and Any Employment Gaps (Must be completed even when accompanied by resume)

List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history. If you need more space to provide a full work history, request additional work history pages.

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone <small>(Include Area Code)</small>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason  Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name
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### Agreement and Release

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) may lead to dismissal or denial of employment. If required, I agree to submit to any drug or alcohol testing prior to or after employment. I understand that submission of this application does not imply I will be hired.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted and I am hired, employment at Jericho Nursery 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 an authorized executive of Jericho Nursery specifically acknowledges such change. I further understand that my at-will employment may be terminated at any time by me or by Jericho Nursery and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert. Also, the author is not responsible for any unauthorized changes or omissions to the form.  
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