

**APPLICATION FOR EMPLOYMENT**  
**Nortex Wholesale Nursery, Inc.**

Position Sought: \_\_\_\_\_ How did you learn about the position? \_\_\_\_\_  
 On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Full Time	[ ]	Days Available	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Part Time	[ ]	From:							
Available Weekends	[ ]	To:							

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Length of time in the city: \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No

Languages spoken: [ ] English [ ] Spanish [ ] Other \_\_\_\_\_ Do you smoke? [ ] Yes [ ] No

Drivers License #: \_\_\_\_\_ [ ] Class C [ ] Other \_\_\_\_\_ How will you get to work? \_\_\_\_\_

Has your drivers license ever been suspended? \_\_\_ If so, why? \_\_\_\_\_

Relatives/friends employed here or at other nurseries: \_\_\_\_\_

Have you ever been convicted of a crime? [ ] If yes, explain: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No

If yes, please describe circumstances: \_\_\_\_\_

Do you have a physical or other situation that may be aggravated by your work or may affect your job assignment or performance? [ ] Yes [ ] No. If yes, please explain \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Special Skills or experience that may be relevant to the position desired: \_\_\_\_\_

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**MILITARY SERVICE**

Were you in the U.S. Armed Forces? [ ] Yes [ ] No If yes, what branch? \_\_\_\_\_

Service Dates: \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ List duties: \_\_\_\_\_

**EMPLOYMENT HISTORY – (Most Recent First)**

Dates	Employer / Address	Supervisor Phone	Major duties	Salary	Reason for leaving
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

**Business and Personal References.**

Name	Address, City, State	Phone	Relationship	Years Known

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment including character, employment record, financial, and credit information in order to arrive at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

May we check your current employer for reference information? [ ] Yes [ ]