

EMPLOYMENT APPLICATION – INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

TODAY'S DATE: _____

By completing this application, I acknowledge that Brownswood Nursery, Inc. is a drug free workplace. Use of drugs will not be tolerated. A pre-employment drug test will be required.

We are an equal opportunity employer.

Federal law prohibits discrimination in hiring or employment based on race, color, sex, religion, disability, national origin, citizenship, or based on age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company intends to verify the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, you must reapply in person.

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Social Security Number _____

Are you 18 years or older? Yes _____ No _____ If no, list date of birth ____/____/____
(mo) (day) (year)

Are you legally eligible for employment in the U.S.? yes no

Home Phone _____ Cell Phone _____

E-Mail Address _____

EDUCATION

Circle Highest Grade Completed: 6 7 8 9 10 11 12 1 2 3 4 5 1 2 3 4
Junior High or High School College or University Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did you Graduate?
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained _____

EMPLOYMENT

Position Desired _____ Salary desired _____

Have you ever applied here before? yes no When? _____

Have you ever worked for this Company before? yes no When? _____

Are you restricted to working only certain hours of the day? yes no

If yes, indicate the hours you are available _____

Are you restricted from working certain days of the week? yes no

If yes, indicate the days you are available M T W T F S S

Are you available to work: Full time Part time Weekends

When can you report for work? _____

Are you willing to work overtime? yes no Do you have reliable transportation to work? yes no

Can you travel, if required? yes no

Are you employed now? yes no If so, may we contact your present employer? _____

Are you on layoff and subject to recall? yes no

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 Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying? yes no

Have you ever been terminated or asked to resign from a job? yes no

If yes, please explain _____

What are the three things that are most important to you in a job? 1. _____

2. _____ 3. _____

What type of work do you enjoy the most? _____

What is important for your employer to know about you? _____

Why do you want to work at Brownswood Nursery? _____

How were you referred to us? _____

WORK EXPERIENCE

Please fill out in chronological order with your most recent work experience first.

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name and phone # of Supervisor at time of separation:			
Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name and phone # of Supervisor at time of separation:			
Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name and phone # of Supervisor at time of separation:			
Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name and phone # of Supervisor at time of separation:			
Reason for Leaving:			

Please provide dates of any gaps in employment with a full explanation. _____

SPECIAL SKILLS

What skills, special training, or certifications do you have that is relevant to this position or our company?

Please list any technical skills or qualifications you have gained from work or educational experiences. Include specific programs, applications, and equipment you can operate proficiently.

CUSTOMER EXPERIENCE

Have you ever been a customer of Brownswood Nursery? yes no If so, please tell us about your experience.

DRIVING INFORMATION

Do you have a current driver's license? yes no Class: _____

State: _____ Lic. No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? yes no

If Yes, please explain circumstances: _____

Please list all moving traffic violations in the past five (5) years:

Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____

BACKGROUND

Have you ever been a disciplined or terminated from any job for an act of violence, harassment, discrimination, or theft?

yes no If yes, explain the circumstances, employer, and date. _____

Have you ever been convicted of a crime other than a minor traffic violation? yes no

If yes, explain the nature of circumstances, date of conviction, and the state in which the offense occurred.

Do you currently have any criminal charges pending for which you have not been arrested? yes no

If yes, explain the nature of circumstances, date of conviction, and the state in which the offense occurred.

Please do not answer yes or provide any information about convictions that have been erased, expunged, sealed, pardoned or otherwise eradicated by a court. A "yes" response will not necessarily disqualify you from employment. Failure to answer this question accurately could cause denial or termination of employment.

RELATIVES IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

REFERENCES

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

EMERGENCY CONTACT INFORMATION

Give two people we may contact in case of emergency. One contact must be a family member.

Name	Relationship	Cell	Phone	Address

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application. I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Company from all liability for any damage whatsoever arising wherefrom.

I understand that the Company may investigate my driving record, criminal history, and credit history through any bureaus of your choice. I understand I may be notified if such an investigative report is obtained and that I will have the right to make a written request within a reasonable period for a complete and accurate disclosure of information concerning the nature and scope of the investigation. You are also authorized to administer a personality profile or other pre-employment test and verify my background.

Following an offer of employment, and, as a continuing condition of employment should I be hired, the Company may require that I submit to a medical examination. The Company also reserves the right to require me to undergo drug testing prior to employment or at any time during my employment, to the extent permitted by law.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false, misstated, or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

I understand and agree that, if hired, my employment is "at will." This means that either I or the Company may end the employment relationship at any time and for any or no reason.

Signature _____

Date _____