

# Conley's Garden Center and Landscaping

## Application for Employment

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All qualified applicants are considered for positions without regard to race, color, national origin, religion, ancestry, age, creed, sex, sexual orientation, marital status, veteran status, disability, or other protected statuses. It is our intention that all qualified applicants are given equal opportunity and selection decisions be based on job-related factors.

**PERSONAL DATA:** (please print)

First Name:	Last Name:
Street Address:	City
State:	Zip:
↑Phone #	Email:

If you are under 18 years of age, please specify your age here . \_\_\_\_\_

Please Note: This information will be used only for child labor law purposes.

**DEPARTMENTS:** *Please indicate department(s) from the list below, which you are interested in*

- Cashier     
  Nursery/Plant Material     
  Sales     
  Houseplants  
 Office Associate     
  Landscaping     
  Hardscaping

**Please Fill in Availability Below:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Are you available to work Saturday, Sunday, and Overtime when needed? Yes      No

When will you be able to start work? \_\_\_\_\_

Were you referred, if so by who? \_\_\_\_\_

Please detail what plant knowledge/experience/education/licenses and certifications you have that better equips you for the position you are applying for:

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**OTHER:**

An essential functioning of all departments is the lifting and carrying of heavy materials. Are you able to lift 25-50 lbs to your waist and carry it 10 feet? Yes      No

Driving Record (Answer only if driving is a requirement of the job for which you are applying.)

Do you have a valid driver's license? Yes      No      State License No. \_\_\_\_\_

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**EDUCATION:**

Name, City, State of Education	Graduation Year	Degree Type, or Expected Degree	Major
High School:			
College/University:			

**EMPLOYMENT:** *(Please complete full-time or part-time employment starting with most recent)*

Company Name:	Telephone #:
Address:	Dates of Employment:
Name of Supervisor: May we contact? Yes___ No___	Pay Rate:
Job Title:	Reason For Leaving:
Company Name:	Telephone #:
Address:	Dates of Employment:
Name of Supervisor: May we contact? Yes___ No___	Pay Rate:
Job Title:	Reason For Leaving:

Applicant's Signature

Date

FOR OFFICE USE ONLY: