

The Urban Tree Farm Nursery Application Form

Please complete each section of this form. Incomplete or unsigned forms will not be considered.

Last Name	First Name	Middle Name	Have you ever applied for a job with us?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="text"/>

Home Address	Number, Street, City	Telephone Number (include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

City, State and Zip Code	Alternate Number (include Area Code)
<input type="text"/>	<input type="text"/>

If You Are Not A U.S. Citizen, Do You Have The Legal Right To Secure Permanent Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	For What Position Are You Applying? 1st Choice <input type="text"/> 2nd Choice <input type="text"/>
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Do You Have A Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State <input type="text"/> License # <input type="text"/>	Has It Ever Been Suspended Or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Of Traffic Tickets In Last Three Years <input type="text"/>
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Do You Have Any Nursery Experience? <input type="checkbox"/> Yes If So, What Company? <input type="text"/> <input type="checkbox"/> No	Have You Ever Operated Heavy Machinery? <input type="checkbox"/> Yes If So, What Type(s)? <input type="text"/> <input type="checkbox"/> No
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Have You Ever Been Convicted For Other Than A Minor Traffic Violation?
 Yes
 No

NOTE: A conviction does not always mean you can not be hired. What you were convicted of and how long ago are important. Give all the facts so a decision can be made.

EDUCATIONAL DATA

Name of School or College	Location	Major Subject	Scholastic Average	Did You Graduate?
High School <input type="text"/>	City, State and Zip Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
College or University <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes Degree: <input type="text"/>
Other Schools Attended <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="text"/>

EMPLOYMENT DATA (List all employment in chronological order - last position first - including U.S. Military. You may exclude any organizations which indicate race, color, religion, creed, gender, age, national origin, ancestry, disability, veteran status or sexual orientation.)

Employer	Address and Phone # (include Area Code)	Position Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe Work Experience:

Dates Employed (Mo./Yr.)	Base Salary	Name Of Supervisor	Reason For Leaving
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>			

Employer	Address and Phone # (include Area Code)	Position Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe Work Experience:

Dates Employed (Mo./Yr.)	Base Salary	Name Of Supervisor	Reason For Leaving
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>			

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Employer	Address and Phone # (include Area Code)	Position Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe Work Experience:

Dates Employed (Mo./Yr.)	Base Salary	Name Of Supervisor	Reason For Leaving
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>			

PERSONAL REFERENCES OTHER THAN RELATIVES.
(list any employees of our company first)

Name	Address	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Address	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Address	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have You Ever Worked With This Company Before? Yes No
If Answer Is "Yes", Please State Where And Dates Of Service:

Why Do You Wish To Leave Your Present Employer? May we refer to your present employer? Yes
No

Briefly Explain Any Gaps In Employment

Describe briefly the work which you are best qualified to do by reason of education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.

Salary Range Required (this must be filled in) If Offered Employment, How Soon Can You Report For Work?

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of the company that applicants for employment are recruited, selected and hired on the basis of individual merit and ability with respect to positions being filled and potential for promotions or transfer which may be exposed to develop. Applicant are to be recruited, selected and hired without regard to race, color, religion, creed, gender, age, national origin, ancestry, disability, veteran status or sexual orientation.

In addition, personnel procedures and practices with regard to training, promotion, transfer, compensation, demotion, lay off or termination are to be administered with due regard to job performance, experience and qualifications, but without regard to race, color, religion, creed, gender, age, national origin, ancestry, disability, veteran status or sexual orientation.

CERTIFICATION AND RELEASE

I certify that all the information in this application is true, complete and correct to the best of my knowledge; and I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application.

I authorize the references and all former employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and I release all parties from liability for any damage that may result from furnishing information to you.

It is my understanding that, if hired, my continued employment would be contingent upon my adhering to the rules, regulations, policies and procedures in effect, and failure to do so can result in my my termination without notice.

I may terminate my employment with the company at any time, for any reason; and the company for any reason may terminate me, my compensation, and benefits at any time.

No employee of the company may change the terms of this agreement.

Please Sign Your Full Name: Date:

This application will be effective for 60 days from the date signed. After 60 days applicants must re-file for further consideration.