

Date of Application: _____

EQUAL EMPLOYMENT OPPORTUNITY It is our policy to seek and employ the best qualified personnel in all of our facilities and to provide equal opportunity for the advancement of our employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital status, national origin, ancestry, disability (physical or mental), on-the-job injuries, or any other status protected under applicable federal or state law, unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

PERSONAL INFORMATION *(Please Print)*

Last Name	First	Middle	Social Security Number
Street Address			Home Phone Number
City, State, ZIP Code			Alternate Phone Number
Emergency Contact Person			Emergency Phone Number
Are you 18 years of age or older?	(Circle One) YES NO	Are you legally eligible for employment in the US?	(Circle One) YES NO

EMPLOYMENT INTEREST

Desired Position: _____ Desired Wage: _____

Date Available to Start: _____

If the position applied for involves driving, have you ever been **CONVICTED, PLED GUILTY, NO CONTEST, or FORFEITED BOND or BAIL** for any traffic violations in the past three years? *(Circle One)* YES NO

If yes, please explain: _____

Are you available to work more than 8 hours per day, or 40 hours per week? *(Circle One)* YES NO

Have you ever applied or worked for this company before? *(Circle One)* YES NO

If yes, when?: _____

EDUCATION AND TRAINING

SCHOOL	Name and Location of School	Course of Study	Number of Years Completed	Degree or Diploma Earned
High				
Trade/Business				
College				
Other				
Other Special Training or Skills (Languages, Machine Operations, etc.)				

EMPLOYMENT HISTORY *(List last three employers, starting with most recent)*

Employer Name		Employer Phone
Address		Supervisor Name
Job Title	Dates of Employment	Hourly Rate or Salary
Brief Description of Job Duties		Reason For Leaving
Employer Name		Employer Phone
Address		Supervisor Name
Job Title	Dates of Employment	Hourly Rate or Salary
Brief Description of Job Duties		Reason For Leaving
Employer Name		Employer Phone
Address		Supervisor Name
Job Title	Dates of Employment	Hourly Rate or Salary
Brief Description of Job Duties		Reason For Leaving

MILITARY: Have you ever served in the US Armed Forces? *(Circle One)* YES NO Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____ Final Rank: _____

Service School or Special Training Received: _____

VERIFICATION AND SIGNATURE

- a. I authorize the investigation of all matters which the company deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize **Van Essen Nursery Co.** to request and receive such information and I release from all liability any personas (such as former supervisors) or employers supplying it. I also release **Van Essen Nursery Co.** from all liability which might result from making the investigation.
- b. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements, generally will result in denial of employment or immediate dismissal, regardless of when and how discovered.
- c. I understand that I may be required to submit to pre- or post-employment physical examinations and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at the company's expense. I authorize release of the results to the company and their use to evaluate my suitability for employment. I also release the company from all liability arising out of, or connected with the examinations and/or testing.
- d. I understand that I may resign or be dismissed, without cause or notice, at any time unless otherwise stated in an employment contract. I also understand that **David Van Essen** is the only individual who will ever have the authority to agree to any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by all parties. Finally, I also understand that **Van Essen Nursery Co.** may change, withdraw, and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.
- e. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Signature

Date



APPLICANT REFERENCE CHECK AUTHORIZATION

I hereby authorize my past employers to release information to Van Essen Nursery Company regarding my employment. This release of information covers my employment record in general, including information on the following:

1. Dates of Employment
2. Position(s) held
3. The quality and quantity of my work
4. My attendance habits (excluding Worker's Compensation, pregnancy, disability, FMLA, and other protected classes)
5. My relationship with co-workers, supervisors, and managers
6. My attitude toward work (cooperative?, positive?, etc.)
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?)
8. Strong and weak points
9. Willingness to comply with policies and standards
10. Whether I have had outbursts of temper, threatened, provoked fights with, or assaulted others, engaging in hostile or violent behavior
11. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this authorization, my application may be rejected.

Print Name

Signature

Date