

Application for Employment

Revised January 2011

Date of Application: _____ Social Security Number: _____

Name: _____ Telephone Number: _____

Present Address: _____

Permanent Address: _____

Employment Desired:

- Full Time or Part Time or Seasonal (Circle One)

- *Hours Available (Spring Business Hours 8-6 with extended hours(8-8) during March, April & May):*

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

- This job requires lifting 20-30 pounds, bending, and finger dexterity to plant small plants, long periods of standing, and walking on stone, concrete and dirt. Are there any circumstances you are aware of that might adversely affect your ability to perform the job for which you are applying? Yes or No (Circle One)

If yes, explain: _____

- Referred By: _____ (Friend, Newspaper, Other Ad etc.)

Emergency Contact Information:

In case of emergency, contact: _____ Phone: _____

Address: _____ Relationship: _____

Educational Background:

Name/Location of School

Did you Graduate?

Diploma/Degree Type

_____ Yes or No _____

_____ Yes or No _____

_____ Yes or No _____

Relevant Experience:

(Please give us any additional relevant information that would be helpful to us in considering your application—Hobbies, etc.)

Complete BOTH sides of application.

This application is only valid for 30 days.

If you wish to be considered for employment after that time, you will need to fill out a new application.

Employment History:

(Starting with your most recent employer, please list your relevant work history over the last two years, and if there are any employers we should not contact for a reference.)

Employer: _____ Telephone: _____ Supervisor: _____

Address _____

Position Held or Job Duties: _____

Dates Employed: From _____ to _____ Starting & Ending Wages _____

Reason for Leaving: _____

Employer: _____ Telephone: _____ Supervisor: _____

Address _____

Position Held or Job Duties: _____

Dates Employed: From _____ to _____ Starting & Ending Wages _____

Reason for Leaving: _____

Employer: _____ Telephone: _____ Supervisor: _____

Address _____

Position Held or Job Duties: _____

Dates Employed: From _____ to _____ Starting & Ending Wages _____

Reason for Leaving: _____

Authorization:

I certify that the information I have provided in this application is true and complete. Any misrepresentations or falsifications are ground for the cancellation of this application or, if I have been hired, termination of my employment. I authorize Galema’s Greenhouse, Inc. to investigate all statements contained in this application. I authorize all parties listed in this application to give Galema’s Greenhouse, Inc. information about my background, and release Galema’s Greenhouse, Inc. from liability for any damage that may result from the release or use of such information. If I am hired, I understand that my employment can be terminated, with or without cause, at any time by either Galema’s Greenhouse, Inc. or myself. I also understand that no representative of Galema’s Greenhouse, Inc. has the authority to enter into any agreement to the contrary.

Signature of Applicant: _____ **Date:** _____

Company
Notes: Hired? Y / N **Start Date:** _____ **Start Wage:** _____ **Badge#:** _____

*Complete BOTH sides of application.
This application is only valid for 30 days.
If you wish to be considered for employment after that time, you will need to fill out a new application.*