Gill Landscape Nursery, Inc. **Application for Employment**

Please	Print
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Last Name	First	Middle	Date
Street Address		Home Tel	lephone
City, State, Zip		Business	Telephone
Are you 18 years of age or over?			
Position for which you are applying		Weekly Pa	y Expected
Date available to begin work			
Do you wish to be employed full time p If part time, specify hours and days	art time temporary	Will you work overtime? Yes	No 🗌
School Name & Location	Education	#Years Graduate Deg	ree/Diploma
High School			
College			
Graduate School Trade School, Other			
Please give accurate, complete full time and part t	Employment His	nning with your present or most reco	
Employer & Type of Business		Telephon	e
Address	Supervisor		(Month & Year
ob Title	Weekly Pay Start End	From Reason for	<u>To</u> leaving
Employer & Type of Business	Start Diff	Telephon	e
Address	Supervisor	Employed From	(Month & Year To
oh Title	Weekly Pay	Reason for	

Job Title	Weekly Pay	Reason for leaving
	Start End	
Employer & Type of Business	Telephone	
Address	Supervisor	Employed (Month & Year)
		From To
Job Title	Weekly Pay	Reason for leaving
	Start End	-

NOTE: We may contact the employers listed unless you indicate any you do not want contacted: Employer_____ _Reason_

Employer_____

General Information

Driver's License #	Are you legally eligible for employment in the Unit	ted States? Yes □ No □
An affirmative answer to any of	the following questions will not automatically disqualify you from consi	
for employment. Have you received any moving v	iolations in the last 2 years?	Yes 🗌 No 🗌
	DWI (driving while intoxicated) or DUI (driving under the influence)?	
Have you ever been convicted of If so, please explain. Important	a felony offense or pled guilty or no contest to, a felony offense? For purposes of employment with Gill Landscape Nursery, "convictioned, placed on probation (including deferred adjudication) and court-order	Yes No no no vinclude sentenced to
Date	Place	
Nature		
	References	
Lis Name and Address	t minimum of three references. Do not list employers or relatives Occupation	Telephone #
	n you think might be helpful to us in considering you for employment, soments, etc. (You may exclude any information indicative of age, sex, r	
Person to be notified in case of e		
	nent, I understand the following:	
	sification of information requested here will be cause for rejection of the	is application or for
	and including my dismissal from employment.	is upplication of for
If I am employed, I agree to	ment is accepted, the effective date of my employment shall be the time comply with and be bound by the safety and health rules and regulation anteed for any term, and that my employment may be terminated by the	s of the company.
any reason.		
	uthorized to make any oral assurance or promise of continued employm	
	tigation of my past employment and activities, agree to cooperate in such esponsibility all persons and corporations requesting or supplying such i	
	ful drug testing that may be required as a condition of employment and u	
submit to such testing during	g the course of my employment may result in disciplinary action, up to a	nd including discharge.
documentation to verify thei Therefore, I realize that any	to federal law all individuals who are hired must, as a condition of employ r identity and U.S. citizen status, or, if aliens, their legal authorization to offer of employment would be contingent upon my ability to produce th	work in the U.S.
within the time period require		·····
	y Gill Landscape Nursery if I am convicted of, receive deferred adjudica ny, or any crime involving dishonesty or a breach of trust, while my app ment, if hired.	
Applicant's Signature	Date	