



**EVERGREEN  
NURSERY**

## APPLICATION FOR EMPLOYMENT

### GENERAL INFORMATION

|   |                           |                         |       |
|---|---------------------------|-------------------------|-------|
| Name (Last)   | (First)                   | (Middle Initial)        | Date: |
| Mailing Address (Street, City, State, ZIP):                 |                           |                         |       |
| Permanent Address (Street, City, State, ZIP):               |                           |                         |       |
| Home Telephone:<br>( ) -                                    | Other Telephone:<br>( ) - | Social Security Number: |       |
| State name and relationship of any relatives in our employ: |                           | Referred by:            |       |

### EMPLOYMENT DESIRED

|  |                 |
|--|-----------------|
| Position or Type of Employment Desired:                  |                 |
| Date you can start:                                      | Salary desired: |
| Have you ever applied to Evergreen Nursery, Inc. before? | When?           |
| List days available:                                     |                 |

### EDUCATION

| School  | Name and Location | Graduated |    | Major Subjects | GPA |
|---|-------------------|-----------|----|----------------|-----|
|   |                   | Yes       | No |                |     |
| GRAMMAR SCHOOL  |                   |           |    |                |     |
| HIGH SCHOOL   |                   |           |    |                |     |
| COLLEGE/UNIVERSITY  |                   |           |    |                |     |
| OTHER (specify)   |                   |           |    |                |     |
| Languages read, written, or spoken fluently other than English: |                   |           |    |                |     |

### OTHER INFORMATION

|  |
|--|
| List all pertinent skills and equipment you can operate: |
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|  |



# APPLICATION FOR EMPLOYMENT

**FORMER EMPLOYERS** *(List your last four employers, starting with present or most recent. Include voluntary work.)*

|                     |                            |                                |
|---------------------|----------------------------|--------------------------------|
| Employer:           | Telephone Number:<br>( ) - | Dates employed:<br>/ through / |
| Address:            |                            | Hours Per Week:                |
| Job Title:          |                            | Last Salary:                   |
| Specific Duties:    |                            | Supervisor:                    |
|                     |                            | May we contact this employer?  |
| Reason for leaving: |                            |                                |
| Employer:           | Telephone Number:<br>( ) - | Dates employed:<br>/ through / |
| Address:            |                            | Hours Per Week:                |
| Job Title:          |                            | Last Salary:                   |
| Specific Duties:    |                            | Supervisor:                    |
|                     |                            | May we contact this employer?  |
| Reason for leaving: |                            |                                |
| Employer:           | Telephone Number:<br>( ) - | Dates employed:<br>/ through / |
| Address:            |                            | Hours Per Week:                |
| Job Title:          |                            | Last Salary:                   |
| Specific Duties:    |                            | Supervisor:                    |
|                     |                            | May we contact this employer?  |
| Reason for leaving: |                            |                                |
| Employer:           | Telephone Number:<br>( ) - | Dates employed:<br>/ through / |
| Address:            |                            | Hours Per Week:                |
| Job Title:          |                            | Last Salary:                   |
| Specific Duties:    |                            | Supervisor:                    |
|                     |                            | May we contact this employer?  |
| Reason for leaving: |                            |                                |
| Employer:           | Telephone Number:<br>( ) - | Dates employed:<br>/ through / |
| Address:            |                            | Hours Per Week:                |
| Job Title:          |                            | Last Salary:                   |
| Specific Duties:    |                            | Supervisor:                    |
|                     |                            | May we contact this employer?  |
| Reason for leaving: |                            |                                |

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                        |
|------------------------|
| Interviewer's comments |
|                        |
|                        |