

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE	YEAR GRADUATED
High School					
College					
Bus. or Trade School					
Professional School					

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? Yes No

A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

GARDEN CENTER

Willingness Checklist for Garden Center Applicants Only

Part of the activities required to maintain and operate a garden center involve duties or tasks that are often overlooked when describing a specific job. Please indicate your level of willingness to perform these tasks and duties by placing an "X" on the appropriate line.

Would you be willing to:

- | | YES | NO | MAYBE |
|---|------------------------------|-----------------------------|--------------------------------|
| 1. Greet & approach all customers with a smile? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 2. Ask questions if you are ever unsure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 3. Restock displays throughout the day? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 4. Load bags of mulch and soil into vehicles? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 5. Clean the bathroom, windows & glass? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 6. Sweep and mop the floors, walkways, etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 7. Uphold a no smoking policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 8. Climb and work using the safety procedures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 9. Stand on your feet long periods of time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |

Signature: _____ Date: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE ABOVE

DRIVING

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Operator Commercial (CDL) Chauffeur Expiration Date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ HowMany? _____

COMPUTER SKILLS

List all programs you have knowledge of:

Are you active on social media? What social media accounts do you have?

CHECK ALL THAT APPLY:        

Please list any others: _____

EMPLOYER REFERENCES

Please list two former or current employer references, preferably a supervisor - **No relatives**. (Even if this is your first job, please list any odd job employers such as babysitting, house sitting, grass cutting, etc.)

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: (____) _____

Telephone: (____) _____

In the space provided, please explain: Why are you applying for a job at Greenstreet Growers?

MILITARY

Have You Ever Been In The Armed Forces? Yes No

Are You Now A Member Of The National Guard? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

WORK EXPERIENCE

(ONLY FILL THIS OUT IF YOU DO NOT HAVE A RESUME)

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. *(Attach additional sheets if necessary.)*

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Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

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Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

(Please - Attach additional sheets if necessary.)

WORK EXPERIENCE (Additional sheets if necessary.)

(ONLY FILL THIS OUT IF YOU DO NOT HAVE A RESUME)

Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

Name of Employer: _____ Name of last Supervisor: _____

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_____ May we contact this employer? Yes No