

OFFICE USE ONLY:
Date received:
Reviewed by:
Wage:

Greenstreet Growers, Inc. DBA Greenstreet Gardens

EMPLOYMENT APPLICATION

*PLEASE WRITE LEGIBLY

DATE OF APPLICATION:		TEASE WRITE LEG	JIDLY		
Name:					
Last	First	Mi	ddle		Maiden
Present address:					
Numbe	r	Street	City	State	Zip
How long at current address:					
Cell phone:	Alternative	phone:	Em	ail address: _	
Do you text? ☐ Yes ☐ No					
Are you a: ☐ Smoker ☐ No	n-Smoker? (Pleas	se check one)			
Are you under age 18? ☐ YES	□ NO, if "YES"	, can you provic	le proof of y	our eligibility	to work? 🗆 YES 🖵 NO
*If yes, you will need to acqu	ire a Work Perm	it before you ca	n start work	•	
If you are a high school stude	nt, what extracu	rricular activities	s are you inv	olved in	
Which store locations are you willing to work at? ☐ Lothian, MD ☐ Quaker Lane/Alexandria					
Are you currently authorized	to work in the Ur	nited States? 🗖	YES 🗆 NO		
Proof of eligibility will be req	uired, if hired.				
Position applied for:					
Referral Source: Ad Source	🖵 Inter	net 🗆 Walk-in 🗆	🛮 Agency 🖵 l	Referral	Other:
Wage desired:					
How many hours can you wor	k weekly?	Preferred D	ays & Hours	to work:	
Employment desired? FUL	L-TIME ONLY	PART-TIME OF	NLY 🖵 FUL	L OR PART-1	ГІМЕ
When are you available to sta	rt?				
Have you ever filed an applica	ation here before	e? 🗆 Yes 🗅 No	If yes, give	e date:	
Have you ever been employe	d here before? [⊒ Yes □ No If	yes, give da	ite:	
Are you employed now? ☐ Ye	es 🗆 No 🏻 May w	ve contact your	present emp	oloyer? 🛭 Ye	s □ No
Are you prevented from being	g employed in th	nis country beca	use of Visa c	or Immigratio	on Status? 🗆 Yes 🖵 No
(Proof of citizenship or immig	ration status I-9 v	will be required	upon emplo	yment.)	
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EDUCATION						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	1	ER OF YEARS MPLETED	MAJOR/DEGREE	YEAR GRADUATED
High School						
College						
Bus. or Trade School						
D (
Professional School						
A Conviction record was seen a conviction record was seen a conferse (s) was were convicted as the conviction record was seen as the convictio	er of conviction(s), na	ature of offense(s) l	eading [.]	to convictio	-	such
		GARDEN CEN	JTFR			
Willi	ngness Check	_		ter Appl	icants Only	
Part of the activities roverlooked when des and duties by placing	scribing a specific jo	b. Please indicate				
Would you be willin	g to:	Y	/ES	NO	MAYBE	
1. Greet & approach	all customers with a	smile?	YES	□ NO	■ MAYBE	
2. Ask questions if you are ever unsure?			YES	□ NO	■ MAYBE	
3. Restock displays throughout the day?			YES	□ NO	■ MAYBE	
4. Load bags of mulch and soil into vehicles?			YES	□ NO	■ MAYBE	
5. Clean the bathroom, windows & glass?		?	YES	□ NO	☐ MAYBE	
6. Sweep and mop the floors, walkways, etc.?			YES	□ NO	■ MAYBE	
7. Uphold a no smoking policy?			YES	□ NO	■ MAYBE	
8. Climb and work using the safety procedures?			YES	□ NO	■ MAYBE	
9. Stand on your feet long periods of time?			YES	□NO	☐ MAYBE	

DRIVI	NG			
DO YOU HAVE A DRIVER'S LICENSE? Yes No				
What is your means of transportation to work?				
☐ Operator ☐ Commercial (CDL) ☐ Chauffeur Expir				
Have you had any accidents during the past three years?				
Have you had any moving violations during the past three	e years? HowMany?			
COMPUTE	R SKILLS			
List all programs you have knowledge of:				
	·			
Are you active on social media? What social media acco				
CHECK ALL THAT APPLY: G G G G G G G G G				
Please list any others:				
EMPLOYER RE	FERENCES			
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 appl	ying 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.) Name of Employer: _____ Name of last Supervisor:_____ Employment Dates: _____ From:_ Address: Pay or Salary: Start: _____ Final: _____ City, State, Zip: 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? \square Yes \square No Name of last Supervisor: Name of Employer: Employment Dates: _____ From:____ Address: 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._____

(Please - Attach additional sheets if necessary.)

 \square May we contact this employer? \square Yes \square No

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