

Quality Gardens Inc.
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name	Last Name	Middle Initial
Street Address	City	State, Zip
Primary Phone	Cell Phone	Email Address
If you are under 18, can you furnish a work permit if required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Have you the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available to Start	Desired Salary/Hourly Wage	
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Position(s) Applying For <input type="checkbox"/> Retail Sales Associate <input type="checkbox"/> Cashier <input type="checkbox"/> Nursery Sales Associate <input type="checkbox"/> Laborer <input type="checkbox"/> Greenhouse Sales Associate <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Greenhouse Laborer/Waterer <input type="checkbox"/> Landscaper	
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to work evenings, weekends or holidays if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you even been convicted of, or pleaded guilty/no contest, to a crime other than traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

Company Name	Address
Phone Number	Job title
Immediate Supervisor and Title	Dates of Employment
Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Summarize the Type of Work performed and job responsibilities	

EDUCATION BACKGROUND - Please share with us your highest level of education

Name	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending
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Location	Degree & Year
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REFERENCES - Please list at least 1

Name	Relationship
Phone number	Years known

Name	Relationship
Phone number	Years known

SCHEDULE AVAILABILITY - Please provided the hours you are available to work for each day of the week

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	
Comments	

WILLINGNESS CHECKLIST

Would you be willing to

1. Greet and approach all customers with a smile?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
2. Ask questions if you are ever unsure?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
3. Restock displays throughout the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
4. Load bags of mulch and soil into vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
5. Clean the bathroom, windows & glass?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
6. Sweep and mop the floors, walkways, etc..?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
7. Stand on your feet for long periods of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
8. Water plants in the heat for an extended period of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
9. Work weekends and evening hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
10. Lift heavy plants, boxes and stock safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
11. Make phone calls to customers when needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
12. Report to work on time when scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
13. Work outdoors during inclement weather in all seasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
14. Work for a co-worker who is unable to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No

Employee Signature:	Date:
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