

Please answer all questions in their entirety.

Application for Employment

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Position applied for: _____ Desired Salary: _____

Date Available: _____

Do you have a valid driver's license? Yes No

Do you have a valid CDL license? Yes No

We will ask for your Social Security and Driver's License Number at some point—in person—after the interview process.

Where did you find this employment opportunity? _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Education

High School: _____ Did you graduate? Yes No

College: _____ Did you graduate? Yes No

Degree focus: _____

Other: _____ Did you graduate? Yes No

Previous Employment

• **Company:** _____ Phone #: _____

Job Title: _____ Supervisor's Name: _____

Starting Salary: _____ Salary Ending: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

• **Company:** _____ Phone #: _____

Job Title: _____ Supervisor's Name: _____

Starting Salary: _____ Salary Ending: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

References (please provide at least 2)

● **Name of Reference:** _____ **Phone #:** _____

Business Relationship: _____

Email Address: _____

● **Name of Reference:** _____ **Phone #:** _____

Business Relationship: _____

Email Address: _____

● **Name of Reference:** _____ **Phone #:** _____

Business Relationship: _____

Email Address: _____

Military Service

Branch: _____ Rank at discharge: _____ Type of discharge: _____

Disclaimer and Signature

I certify that my answers are true and complete the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*Applications and questionnaires without all required information will be considered incomplete.
Please take a moment to review your application for completeness.*

Voluntary - Self Identification

Johnson’s Nursery has adopted an Affirmative Action Ordinance and the following information is **voluntary** and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment.

Race/Ethnicity: (SELECT ONE OR MORE)

- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Caucasian/White

Gender: Male Female

Disability:

Do you have a disability? Yes No