

APPLICATION FOR EMPLOYMENT
WARNER'S NURSERY AND GARDEN CENTER
 1101 E. Butler Ave. Flagstaff, AZ 86001
 (928) 774-1983 Fax (928) 774-6113

**** Due to the seasonality of our business, working most WEEKENDS and HOLIDAYS is mandatory. If you are unable to work these days, Please do not apply. ****

Date:	Position applied for:	Days of availability:
First day you can work:	Pay desired: \$ _____ per	Will you be able to work Saturdays, Sundays, and Holidays: YES NO
Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied for work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year round <input type="checkbox"/> Either	Referred by (circle one) 1-Recruitment 2-Ad 3-Friend 4-Employee 5-Walk in 6-Other (specify) _____

PERSONAL INFORMATION

Name:	Last	First	Middle
Address:	City:	State:	Zip:
			Home Phone:
Email Address:			Message Phone:
Do you have a valid drivers license: <input type="checkbox"/> YES <input type="checkbox"/> NO License #: _____ State: _____ Class: _____			
Motor Vehicle MVR for last 3 years will be required from State for applicants in driving positions.			
Have you ever been convicted of a crime (felony or misdemeanor) ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, explain: Where _____ When _____ Charge _____ Sentence _____			
Disclosure of a criminal record will not necessarily disqualify you for employment.			

EDUCATION: Circle last year of education completed.

Elementary: 5 6 7 8	High School: 1 2 3 4	College: 1 2 3 4
Last school attended:		
Areas of concentration & degrees achieved:		
List any school or work achievements, interest, hobbies, and special skills (such as foreign language fluency, mechanical, operating equipment, computing skills) that would be helpful in the position you are applying for:		

MILITARY SERVICE: Have you ever been a member of the Armed Forces of the United States? YES NO
 If yes, list any special skills or abilities you developed while in the military service which directly relates to the job for which you are applying for:

REFERENCES: Please provide two non-related persons who may be contacted for further information.

Name	Phone #	How Known	Years
1.			
2.			

NOTE: Letters of recommendation will be very helpful in the employment process. References will be checked.

WORK EXPERIENCE: Begin with present or most recent employer first. Please fill out completely even if you provide a resume. **Please circle** the name of any employer or supervisor you **do not** want contacted at this time.

EMPLOYMENT HISTORY

1.	Employer		Phone # :
	Address: (Street or P.O. Box)		City, State, Zip
	Your Position:	Work Performed:	Starting Salary _____ per _____ Ending Salary _____ per _____
	Dates employed: (mm/yy) from _____ to _____	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Reason for Leaving:
2.	Employer		Phone # :
	Address: (Street or P.O. Box)		City, State, Zip
	Your Position:	Work Performed	Starting Salary _____ per _____ Ending Salary _____ per _____
	Dates employed: (mm/yy) from _____ to _____	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Reason for Leaving:
3.	Employer		Phone # :
	Address: (Street or P.O. Box)		City, State, Zip
	Your Position:	Work Performed	Starting Salary _____ per _____ Ending Salary _____ per _____
	Dates employed: (mm/yy) from _____ to _____	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Reason for Leaving:

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSIONS OF FACTS IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL TO HIRE OR TERMINATION OF EMPLOYMENT. I AUTHORIZE ALL PAST EMPLOYERS, SCHOOLS, AND PERSONS HAVING RELEVANT INFORMATION OR KNOWLEDGE ABOUT ME TO PROVIDE IT TO WHIFFLE TREE, INC. OR ITS DULY AUTHORIZED REPRESENTATIVE FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE SUCH EMPLOYERS, SCHOOLS, AND PERSONS FROM LIABILITY IN RESPONDING TO INQUIRES IN CONNECTION WITH MY APPLICATION. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE COMPANY OR MYSELF UNLESS CHANGED BY CONTRACT. I AGREE TO SUBMIT TO DRUG AND ALCOHOL TESTING IF REQUESTED, IN ACCORDANCE WITH COMPANY POLICY.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: _____