Wells Medina Nursery Application For Employment

Our company is an equal opportunity employer. We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, sexual orientation, citizenship, marital status, disability, or any other legally protected status. We are an at-will employer, meaning that either Wells Medina Nursery or you may end the employment relationship at any time and for any reason.

NOTE: If you need assistance completing this application, please ask.

PERSONAL:

Name			Phone Nu	mber ()
Name	FIRST	MIDDLE		·····
Present Address				
Do you have the los	NO. STREET			STATE ZIP
		oyed in the United St	ates? $res \square$	No 🗆
Are you over 18?	Yes 🗆 🛛			
Have you ever been	convicted of a crin	ne (excluding minor	traffic violations)	including driving while
under the influence	of alcohol, or are t	here any criminal cha	arges pending aga	inst you?
Yes □	No 🗆	•		-
If yes, state t	he offense, locatio	n, date and disposition	on	
-	·	· · ·		
NOTE: A co	nviction will not n	ecessarily disqualify	you from employ	ment.
Are there any days of	or hours you would	be unwilling or unal	ble to work?	
5 5	5	0		
EMPLOYMENT D				
Position you are app	lying for:		If hired, date y	ou can start?
Have you aver appli	ad to Walls Madin	a Numany hafana?		0 🗆
• • • • • •		a Nursery before?		
		a Nursery before?		0 🗆
If your answ	er to either of the a	bove questions is Ye	es, state when you	applied and/or worked.
How did you learn o	f our company and	l/or position?		
CAPABILITY / RI	ELIABILITY:			
Can you lift up to 45	blbs by yourself w	ith or without accom	modation? Y	es 🗆 No 🗆
• •	•••	with or without acco		
• •	0 1			ery representative to explain
SPECIAL SKILLS	:			
		n which you are profi	cient:	
What languages do	1 0			

Please use this space to describe why you are interested in working for Wells Medina Nursery, and list those skills and abilities that you feel particularly qualify you for a position with us.

EMPLOYMENT HISTORY:

Are you currently employed?	Yes □	No 🗆
If yes, may we contact your current employer?	Yes □	No 🗆

DATE :TO/ FROM	NAME:	REASON FOR LEAVING
	ADDRESS:	
POSITION HELD		WAGE / SALARY
	SUPERVISOR/ PHONE NUMBER	

DATE :TO/ FROM	NAME:	REASON FOR LEAVING
		1
1	ADDRESS:	
POSITION HELD		WAGE / SALARY
1	SUPERVISOR/ PHONE NUMBER	

DATE :TO/ FROM	NAME:	REASON FOR LEAVING
	ADDRESS:	
POSITION HELD		WAGE / SALARY
	SUPERVISOR/ PHONE NUMBER	

Have you ever been term	ninated or asked to resign by an employer?	Yes □	No 🗆
If yes, please describe: _			

Please give a brief description of your horticultural experience (professional or personal):

Please give a brief description of your customer service/retail experience:

EDUCATION:

	NAME OF SCHOOL	CIRCLE LAST YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREES RECIEVED
High School		1234	ΥN	
College		1234	Y N	
Post College		1234	Y N	
Trade School		1234	Y N	

List any awards or certifications that you have in the horticultural field:

GENERAL:

Have you ever been to Wells Medina Nursery as a customer? If so, what was your experience like? If not, have you ever been to another nursery/garden center as a customer? What was that like?

What are your hobbies or interests outside of work?

CURRENT WORK REFERENCES: (AT LEAST TWO REQUIRED)

NAME	CURRENT PHONE:	BUSINESS/ JOB TITLE	YEARS KNOWN

Were you known by any other name at any job or school		
or by any reference listed on this application?	Yes □	No □?
If yes, what name?		

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, false or misleading statements on this application may result in dismissal. I authorize Wells Medina Nursery to verify the accuracy of the facts in this application and to investigate the references and employers listed above to give Wells Medina Nursery any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release the Wells Medina Nursery from all liability for any damage that may result from utilization of this information.

I also understand and agree that no representative of Wells Medina Nursery has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written and signed by the owner of Wells Medina Nursery. If I am employed by Wells Medina Nursery, I understand that my employment is at-will.

Date_____

Signature____