



3796 N. 3386 E. Kimberly Road
 Kimberly Idaho 83341
 208-732-2481

Employment Application

Personal Information

Last Name Name	First Name	Middle	Date
Street Address		City	State Zip
Phone Number		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate:	

Information

What are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Referred By: <hr/>
Have you ever applied at Windsor's Nursery? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for Windsor's Nursery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Pay Acceptable
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	From what State?

Employment History -Begin with the most recent employment		
Employer: Supervisor:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

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Employer: Supervisor:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

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Employer: Supervisor:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Education

Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Technical or Certificate Programs				

Nursery Job Information

What position is preferred: ___Nursery/Sales ___Watering Stock ___Nursery Maintenance
Have you ever worked in a greenhouse before? ___Yes ___No Where?
Have you ever taken any special courses or training in this field? ___Yes ___No

Landscape Job Information

What crew is preferred: ___Landscaping ___Lawn Care ___Grounds Maintenance
Do you have problems with physical labor? ___Yes ___No Please list:
Do you work well with others? ___Yes ___No

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

References		Please list names of supervisors, managers, or others who can comment directly on your abilities:		
Name	Address	Phone #	Relationship/Occupation	Years Known

In completing and submitting this application, I understand and agree to the following: I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references. That no question on this application has been answered in such a manner as to disclose my sex, race, religion, or national origin. That if employed, I may be required to furnish proof of age. I agree to abide by all rules and regulations set forth by Windsor's Nursery. That Windsor's Nursery shall be entitled to receive reports concerning injury or illness from attending physicians and practitioners.

Signature of Applicant

Date

An Equal Opportunity Employer