



APPLICATION FOR EMPLOYMENT

DRUG FREE WORKPLACE Date _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist in possible future upgrading. Cold Creek Nurseries is an Equal Opportunity Employer without regard to race, color, religion, age, sex, national origin, handicap, or disability.
ALL SPACES MUST BE FILLED IN – ALL PHONE NUMBERS MUST BE LISTED

I. GENERAL INFORMATION

Name _____
Address _____
Phone Number _____
Married? _____ Live with Relatives? _____
Cell Phone _____ If Not Yours, Whose? _____

II. QUALIFICATIONS

Are you employed now? _____ if so, may we inquire of your present employer? _____
Are you related to anyone who works or worked here? _____ If so, who? _____
Who referred you to us? _____
Do you have a valid driver's license? _____ Do you have any violations within the last five years? If so, explain. _____

What method of transportation will you use to get to work? _____
What hours are you available to work? _____
If Part Time- List specific hours you can and cannot work. _____
Can you work Saturdays & Sundays- What Times? If necessary, at certain times of the year? _____

Are there any days of the week or holidays that you will not be able to work? _____ If so, please list and give the reason. _____
Are you a veteran? _____
Have you ever been convicted of a felony in the past ten years? _____ If yes, describe in full: _____

Are you now or have you been a user of or addicted to: Drugs _____ Alcohol to excess _____
Treatment Programs Completed _____ Date _____
List any special skills or experience you have (such as machinery operated, cashier experience, previous nursery or landscape experience) _____

If your application is considered favorably, on what date will you be available for work? _____

III. Physical

The job for which you are applying requires bending, lifting, stretching and standing on your feet for a full 7-10 hour shift. Do you have any condition that will prohibit you from performing the essential functions of the job for which you are applying? If yes, describe fully: _____

Have you ever received compensation for occupational injury or disease? If so, explain _____

Date _____ Date Released _____

Who should we notify in case of emergency? Give Name, Address, Phone Number and Relationship to You. _____

_____ Cell # _____

IV. EDUCATION

Name and location of high school attended _____

What year did you graduate? _____ If you didn't graduate, how many years did you attend? _____ Have you received a G.E.D. ? _____

Name and location of College attended _____

How many years did you attend? _____ Any degrees received? _____

Name and location of any other graduate, vocational or other schools _____

How many years did you attend? _____ Any degrees or certificates received? _____

1. Which position or positions are you applying for? _____

2. If not responding to an advertised position, which position in the company are you interested in filing? _____

3. What salary or wage do you expect to start at? What would you expect to earn 6 months from now? _____

4. Why do you want a position with this company? _____

5. List 3 personal references and Phone #

IMPORTANT
NOTICE TO APPLICANT

Before we can hire you, the Government requires that we review and verify certain information. Please bring the following items with you on your first day:

1. Drivers license with your picture AND
2. A U.S. social security card OR an original or certified copy of your birth certificate.

If you don't have any of the above, please tell the unit manager and he will tell you what other documents are acceptable for completing the I-9 form.

WORK EXPERIENCE (List below last three employers, starting with last one first)

Name and Address of Company and Type of Business	From To		Describe in detail the work you did	Starting Hourly Rate	Last Hourly Rate	Reasons for Leaving	Name of Supervisor
	Referenced Checked by:						Phone:

Name and Address of Company and Type of Business	From To		Describe in detail the work you did	Starting Hourly Rate	Last Hourly Rate	Reasons for Leaving	Name of Supervisor
	Referenced Checked by:						Phone:

Name and Address of Company and Type of Business	From To		Describe in detail the work you did	Starting Hourly Rate	Last Hourly Rate	Reasons for Leaving	Name of Supervisor
	Referenced Checked by:						Phone:

NOTICE TO EMPLOYEES

Failure to be truthful on the application may affect the applicant's subsequent ability to receive worker's compensation benefits.

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omissions of facts called for on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agencies or bureaus of your choice. I further understand that I am an "Employee at Will" and that Cold Creek Nurseries Inc. does not guarantee my employment for any specific period of time.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry and credit report includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I FULLY UNDERSTAND THAT IF ASSIGNED TO ANY POSITION WHEREBY MONIES, EQUIPMENT, OR OTHER SUPPLIES OF COLD CREEK NURSERIES, INC. ARE ASSIGNED TO ME, I SHALL BE ACCOUNTABLE FOR THE AFORESAID ITEMS AND LIABLE FOR ANY SHORTAGES IN SAME. I AGREE THAT COLD CREEK NURSERIES, INC., MAY DEDUCT FROM ANY MONIES DUE TO ME, AN AMOUNT TO COVER ANY SHORTAGES WHICH MAY OCCUR AND WILL INDEMNIFY COLD CREEK NURSERIES, INC., IF THERE ARE ANY SHORTAGES OF LOSSES IN MONEY, SUPPLIES OR EQUIPMENT WHICH IS ASSIGNED TO ME OR TO WHICH I HAVE ACCESS, I AGREE TO SUBMIT TO A POLYGRAPH OR OTHER SCIENTIFIC EVALUATION TEST CONDUCTED IN COMPLIANCE WITH APPLICABLE LAW DURING ANY INVESTIGATION OF SUCH SHORTAGE OF LOSS. AS PART OF THIS APPLICATION PROCESS AND AS A CONDITION OF MY CONTINUED EMPLOYMENT, AT THE REQUEST OF COLD CREEK NURSERIES, INC. I AGREE TO SUBMIT TO TESTING TO DETERMINE MY USE OF DRUGS OR ALCOHOL. I UNDERSTAND THAT REFUSING TO SUBMIT TO A TEST, OR A POSITIVE RESULT IN ANY TEST INDICATING DRUG OR ALCOHOL USE, MAY RESULT IN MY IMMEDIATE TERMINATION FROM EMPLOYMENT.

I have read and understand the above notice and agree to comply with the provision contained herein.

Signed this _____ day of _____, 20____

Signature of Applicant