



COLESVILLE NURSERY JOB APPLICATION

Date: _____

Social Security Number: _____

Email Address: _____

Last

First

M.I.

Name: _____ Phone #: _____

Address: _____
Street

City

State

Zip Code

Education History:

Institution	Name and Location	Grade Completed: Diploma/Degree
High School		
University/College		
Other		

Employment History: (most current first...If you are sending a resume you may say “see attached”).

Employer:	Job Title:
Address:	Duties:
Phone:	Reason for leaving:
May we contact?: Yes or No:	Salary:
	Employment Dates:

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References:

Name	Years Acquainted	Telephone
1.		
2.		
3.		

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes or No (Please circle one)

If Yes, please describe:

Criminal History:

Have you ever been convicted of a felony?: Yes or No (Please circle one)

If yes, please explain: _____

Date Available_____

Hours Available_____

Salary Requirement_____

Are you either a U.S. Citizen or alien authorized to work in the United States? Yes _____ No _____ (Check one)

Type of proof: _____

Examined by: _____

Date: _____

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand that proof of age may be required upon employment. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. While employed by this company I agree not to engage in any other business or employment without the consent of this company.

If employment results from this application, I understand that additional personal data or a physical examination may be required if I am eligible for benefits.

I authorize all previous employers to furnish this company with any information they may have regarding my employment and my reason for leaving, and I release my prior employers and this company from all liability for and damage resulting from the information provided. I fully understand that if I am not bondable by a surety company, this company may be unable to offer employment.

Signature: _____ Date: _____

Interviewer: _____ Date: _____

Comments: _____

Accepted: _____ Not Accepted: _____