



Four Seasons

Landscaping Nursery

226 E US HWY 6, Valparaiso, IN 46383

www.FourSeasonsValpo.com

www.facebook.com/FourSeasonsValpo

FOR HUMAN RESOURCES USE:

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer who provides equal access to programs, services and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resources representative.

Please Print

PERSONAL DATA

DATE:	POSITION(S) APPLIED FOR:				
NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.:		
ADDRESS:	CITY:		STATE:	ZIP CODE:	
INDICATE ANY OTHER NAMES YOU HAVE BEEN EMPLOYED UNDER:	PHONE NUMBER:	ALTERNATE PHONE:	EMAIL:		
IF YOU ARE UNDER THE AGE OF 18, PLEASE STATE YOUR AGE:			WILL YOU FURNISH A WORK PERMIT IF REQUIRED?		

JOB DATA

AVAILABLE: FULL TIME PART TIME PLEASE LIST THE HOURS YOU ARE AVAILABLE:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE AVAILABLE TO START WORKING:		SALARY DESIRED:		HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LICENSE NUMBER:		STATE:	TYPE OF LICENSE: <input type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFER <input type="checkbox"/> CDL – PLEASE INDICATE CLASS:		
PLEASE LIST ANY DRIVING EXPERIENCE OTHER THAN A CAR OR PICK-UP TRUCK:					DO YOU HAVE EXPERIENCE WITH A MANUAL TRANSMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR FOUR SEASONS LANDSCAPING NURSERY? WHEN?			CAN YOU LIFT 50 LBS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU LIFT 75 LBS? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU LIFT 100 LBS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU LEARN OF THIS POSITION?						
<input type="checkbox"/> NEWSPAPER AD NAME: _____	<input type="checkbox"/> GOV'T AGENCY NAME: _____		<input type="checkbox"/> EMPLOYMENT AGENCY NAME: _____		<input type="checkbox"/> INTERNET	
<input type="checkbox"/> EMPLOYEE REFERRAL NAME: _____	<input type="checkbox"/> FRIEND/RELATIVE/CO-WORKER NAME: _____		<input type="checkbox"/> SCHOOL/COLLEGE NAME: _____		<input type="checkbox"/> WALK-IN	

I certify under penalty of perjury that I am a citizen or national of the United States, or an alien lawfully admitted to permanent residence or an alien who is authorized by the Attorney General for employment in the United States. I understand, if hired, I will be required to present documents for evidence of identity and employment authorization.

APPLICANT'S SIGNATURE

DATE

EMPLOYMENT HISTORY

Provide the following information of your current and past employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please explain any gaps in employment.

EMPLOYER:	PHONE: ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE/ENDING JOB TITLE:		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER:	PHONE: ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE/ENDING JOB TITLE:		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER:	PHONE: ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE/ENDING JOB TITLE:		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

WHAT EXPERIENCE, SKILLS, AND/OR ADDITIONAL QUALIFICATIONS DO YOU HAVE IN HORTICULTURE OR LANDSCAPING? PLEASE BE SPECIFIC.

EDUCATIONAL BACKGROUND

SCHOOL NAME AND LOCATION	# OF YEARS COMPLETE	DEGREE/DIPLOMA

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

ORGANIZATION	OFFICE(S) HELD

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider.

References

List the name and telephone number of three (3) business/work references who are not related to you.

If not applicable, list three school or personal references who are not related to you.

NAME	PHONE #	YEARS KNOWN

Have you been convicted of, or pled no contest to a felony within the last 7 years? YES NO

If yes, please explain. _____

PLEASE READ AND INITIAL EACH LINE AFTER EACH STATEMENT:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application or have authorized all information listed on this application. _____

I hereby authorize Four Seasons Landscaping Nursery, Inc. to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose to the above any and all of my employment records.____.

I release Four Seasons Landscaping Nursery, Inc. As well as all providers of information, from any liability as a result of furnishing and receiving any information related to the hiring process._____.

I understand that any information on this application, or on any document used to secure employment, found to be false, incomplete or misrepresented in any respect will be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery._____.

I understand and agree that changes in the job duties, responsibilities, work schedule, shifts, working conditions, etc. may occur during my employment._____.

I authorize Four Seasons Landscaping Nursery, Inc. to obtain the following information with regards to an offer of employment and I understand an offer is conditional pending the results of the items listed: 1) criminal background check; 2) driving record, if the position I am applying for required driving for employment purposes; 3) I must prove that I am legally authorized to work in the United States; 4)references. _____

This application is not, nor is it intended to be, a contract of employment and its terms may be changed at any time by Four Seasons Landscaping Nursery, Inc. I understand all employees are considered employees at-will. An employee's employment can be terminated by either the employee or the employer at any time for any reason, with or without notice, except as otherwise indicated by law. No manager, supervisor, or representative, other than the President, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing._____.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment for any period of time, or to make any agreement contrary to the foregoing._____.

I understand that this application will remain on file for six (6) months. At the conclusion of that time, if I have not been hired and still wish to be considered for employment, it will be necessary to reapply and complete a new application._____.

I understand that the majority of work related activities involved in employment by Four Seasons Landscaping Nursery, Inc. take place outdoors and may be adversely impacted by weather conditions.____.

PRINT NAME

SIGNATURE

DATE