

# TALLAHASSEE NURSERIES, INC.

## APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

DATE \_\_\_\_\_

# TALLAHASSEE NURSERIES, INC. APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

<b>NAME</b>		<b>SOCIAL SECURITY NUMBER</b>		<b>DATE</b>	
<b>STREET ADDRESS</b>		<b>CITY</b>		<b>FLORIDA</b>	<b>ZIP</b>
<b>PHONE NUMBER</b>  E-Mail Address:		<b>18 YEARS OF AGE OR OLDER?</b> YES NO		<b>REFERRED TO US BY:</b>	
<b>POSITION APPLIED FOR:</b>		<b>DATE YOU CAN START:</b>		<b>SALARY DESIRED:</b>	
<b>SEEKING:</b> FULL TIME PART TIME		<b>IF PART TIME, SPECIFY DAYS AND HOURS:</b>			
<b>ARE YOU CURRENTLY EMPLOYED?</b>		<b>IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?</b>			
<b>HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?</b>				<b>IF YES, WHEN?</b>	
<b>NAME AND RELATIONSHIP OF ANY FRIENDS OR RELATIVES WORKING HERE:</b>					
<b>HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO A CRIME, BEEN CONVICTED OF A CRIME, HAD ADJUDICATION WITHHELD, OR PROSECUTION DEFERRED? YES NO</b> <b>IF YES, PLEASE GIVE DATE AND DETAILS OF EACH:</b>					
<b>NAME &amp; LOCATION OF SCHOOL</b>		<b>SUBJECTS STUDIED</b>		<b>YEARS ATTENDED</b>	<b>DID YOU GRADUATE?</b>
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS, CORRESPONDENCE					
<b>SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS:</b>					
<b>US MILITARY SERVICE: YES NO IF YES, RANK</b>					

**Please list any addresses in which you have lived for the past 10 years:**

<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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**FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, MOST RECENT FIRST)**

<b>CURRENT OR LAST EMPLOYER</b>			
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>STARTING DATE</b>	<b>LEAVING DATE</b>	<b>JOB TITLE</b>	
<b>STARTING SALARY - HOURLY</b>	<b>FINAL SALARY - HOURLY</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?      YES      NO</b>	
<b>NAME OF SUPERVISOR</b>	<b>SUPERVISOR TITLE</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>DESCRIPTION OF WORK</b>			
<b>REASON FOR LEAVING</b>			

<b>FORMER EMPLOYER #2</b>			
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>STARTING DATE</b>	<b>LEAVING DATE</b>	<b>JOB TITLE</b>	
<b>STARTING SALARY - HOURLY</b>	<b>FINAL SALARY - HOURLY</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?      YES      NO</b>	
<b>NAME OF SUPERVISOR</b>	<b>SUPERVISOR TITLE</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>DESCRIPTION OF WORK</b>			
<b>REASON FOR LEAVING</b>			

<b>FORMER EMPLOYER #3</b>			
<b>STREET ADDRESS</b>		<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>STARTING DATE</b>	<b>LEAVING DATE</b>	<b>JOB TITLE</b>	
<b>STARTING SALARY - HOURLY</b>	<b>FINAL SALARY - HOURLY</b>	<b>MAY WE CONTACT YOUR SUPERVISOR?      YES      NO</b>	
<b>NAME OF SUPERVISOR</b>	<b>SUPERVISOR TITLE</b>	<b>SUPERVISOR PHONE NUMBER</b>	
<b>DESCRIPTION OF WORK</b>			
<b>REASON FOR LEAVING</b>			

<b>HAVE YOU EVER BEEN TERMINATED FROM ANY EMPLOYMENT?      YES      NO</b> <b>IF YES, EXPLAIN CIRCUMSTANCES:</b>  
<b>EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY</b>  

**REFERENCES –THREE PERSONS YOU HAVE KNOWN AT LEAST ONE YEAR (NOT RELATED TO YOU)**

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

**AUTHORIZATION**

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE – PERSONAL OR OTHERWISE – AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY 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 IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.”

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
STARTING DATE

**NOTICE**

**WE DRUG TEST**

AS PART OF OUR COMMITMENT TO A DRUG-FREE WORKPLACE, WE REQUIRE OUR APPLICANTS TO SUBMIT TO A DRUG TEST. YOUR REFUSAL TO TAKE THE TEST, OR YOUR FAILURE TO PASS THE TEST ACCORDING TO THE MINIMUM STANDARDS, MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR EMPLOYMENT FOR A PERIOD OF ONE (1) YEAR.

IF YOU BECOME EMPLOYED BY OUR ORGANIZATION, YOU MAY BE REQUIRED TO AGAIN SUBMIT TO A DRUG TEST AS REQUESTED. YOUR FAILURE TO PASS THE TEST IN ACCORDANCE WITH MINIMUM STANDARDS MAY RESULT IN YOUR TERMINATION OF EMPLOYMENT.

**PLEASE LEAVE A VALID COPY OF  
YOUR DRIVER'S LICENSE WITH  
THE RECEPTIONIST.**

**PLEASE ATTACH A RESUME OR  
ANY OTHER EMPLOYMENT  
HISTORY.**

# MVR RELEASE FORM

I HEREBY AUTHORIZE TALLAHASSEE NURSERIES, INC. AND ITS AGENT TO REQUEST AND RECEIVE ANY MOTOR VEHICLE OR DRIVING HISTORY RECORD PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL DEPARTMENT OF MOTOR VEHICLES AGENCY. THEY MAY SHARE THIS INFORMATION WITH COMPANIES, EMPLOYER, ETC. FOR THE PURPOSE OF HIRING, EMPLOYMENT, UNDERWRITING, SECURING INSURANCE COVERAGE, OR OTHER LAWFUL PURPOSE.

PRINT FULL NAME OF EMPLOYEE OR APPLICANT:

\_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  MALE  FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_