

TALLAHASSEE NURSERIES, INC.

APPLICATION FOR EMPLOYMENT

NAME

DATE

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PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

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

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SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS:

US MILITARY SERVICE: YES/ NO IF YES, RANK

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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

STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, MOST RECENT FIRST)

CURRENT OR LAST EMPLOYER

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STREET ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY - HOURLY	FINAL SALARY - HOURLY		MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR	SUPERVISOR TITLE		SUPERVISOR PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
FORMER EMPLOYER #2				
STREET ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY - HOURLY	FINAL SALARY - HOURLY		MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR	SUPERVISOR TITLE		SUPERVISOR PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
FORMER EMPLOYER #3				
STREET ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY - HOURLY	FINAL SALARY - HOURLY		MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR	SUPERVISOR TITLE		SUPERVISOR PHONE NUMBER	
DESCRIPTION OF WORK				

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REASON FOR LEAVING
HAVE YOU EVER BEEN TERMINATED FROM ANY EMPLOYMENT? IF YES, EXPLAIN CIRCUMSTANCES: YES NO
EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY

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."

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SIGNATURE

DATE

APPROVED BY

STARTING DATE

PLEASE PROVIDE YOUR
DRIVER'S LICENSE FOR THE
REGISTER STAFF TO COPY.

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
