TALLAHASSEE NURSERIES, INC.

APPLICATION FOR EMPLOYMENT

NAME _____

DATE _____

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

NAME:	SOCIAL SECURITY NUMBER:	DATE:

STREET ADDRESS: APT #:	CITY:	STATE:	ZIP:

PHONE NUMBER: E-MAIL ADDRESS:	18 YEARS OF AGE OR OLDER? YES / NO	REFERRED TO US BY:

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				

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
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STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
STREET ADDRESS	CITY	STATE	ZIP
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STREET ADDRESS	CITY	STATE	ZIP
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FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, MOST RECENT FIRST)

CURRENT OR LAST EMPLOYER			
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			
REASON FOR LEAVING			

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

REFEFERENCES -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 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: _____