

# **Application for Employment**

Pre-employment Questionnaire An Equal Opportunity Employer | A Drug-Free Workplace

General Informa	ation		
Name Last/First/Middle			Today's Date////
Address Street/City/State/Zip			
Phone #		Email	
$\Box$ Mobile $\Box$ Home			
Are you 18 years or old	der? Yes 🗆	No D Are you legally eligible for work in	this country? Yes 🗌 No 🗆
Employment De	sired		
Position applied for Salary Desired			/ Desired
Date available for work	k/_	/ Have you applied with us	before? When?///
Are you employed now	v?	If so, may we inquire w	ith your employer?
Referral Source:	Walk-in	□ Advertisement/Sign □ Employee (I	Name)
	Internet	□ Other	
	- · ·	in which you are interested: and customer service practices)	
□ Nursery/Greenhou (Plant Knowledge & Care)		□ Lawn & Garden (Fertilizers, Tools, Solutions & Merchandising)	Landscape Supply (Bulk Goods & Heavy Equipment)
Pet Department (Animal Care & Merchandi	ising)	Pet Grooming/Bathing (Previous Experience Required)	□ Carryout (Customer Pick-Up, Cart Retrieval, & Maintenance)
Seasonal & Outdoo     (Patio, Grills, Home & Holio	-	Floral Design     (Custom Flower Arrangements)	□ Cashier/Service Desk (Register Operator & Product Tagging)
□ Office & Administr (Cash/ Accounting & Inven		UWarehouse (Product Receiving, Forklift Operator, & Deliveries)	E-Commerce Shipping (Order Pulling, Packing, & Maintenance)

### Availability

Note: Flexible availability has much to do with who we call for interviews and hire – especially evenings and weekends.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

Status you are seeking:	□ Full-time (30+ hrs/wk)	□ Part-time	Seasonal

Total number of hours you are looking to work per week: \_\_\_\_

Which location(s) do you want to be considered for placement?  $\ \square$  Frankfort, IL

🗆 St. John, IN

## **Employment History**

Provide the following information for your past and current employers, starting with the most recent (use back page or additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer	_ Supervisor's Name	Phone
Position	From to Salary Mo/Yr Mo/Yr	/
Job Duties	Reason for Leaving	
Employer	_Supervisor's Name	_Phone
Position	From to/ Salary	/
Job Duties	Reason for Leaving	
Employer	_Supervisor's Name	_Phone
Position	From to/ Salary Mo/YrMo/Yr	/
Job Duties	Reason for Leaving	
Which of these jobs did you like the	best and why?	
Comments		

### **Educational Background**

Schools Attended	Name & Location	# of Years Completed	Did You Graduate?	Subjects Studied or Degree/Diploma
High School				
College/ University				
Business/Trade School				

Subjects of special study or research:					
Special Skills					
US Military Service	Rank	Membership in National Guard or Reserves?			

#### Personality

Why do you want to work at Alsip Home & Nursery?

What do you consider to be your greatest strength?

What do you consider to be your greatest weakness?

#### References

List the name and telephone number of three school or personal references who are not related to you.

Phone	Years Known
Phone	Years Known
Phone	Years Known
d like us to consider	
	Phone Phone

### **Drug Free Workplace**

Alsip Home & Nursery has made a strong commitment to being a drug-free workplace. All job applicants being considered for employment at Alsip Hoe & Nursery will undergo testing for the presence of illegal drugs as a condition of employment. Anyone confirmed to have a positive test result will be denied employment. Alsip Home & Nursery does not discriminate against applicants because of past history of drug abuse; therefore, any individual who fails a re-employment drug test may initiate another inquiry after a period of no less than six months and present themes as drug free.

□ I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employer's service, whenever it is discovered.

□ I give the employer the right to contact and obtain information from all references, employers, motor vehicle records, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

□ 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 on a basis of prohibited by local, state, or federal law.

□ I understand this application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

□ I understand this application does not constitute an agreement or contract for employment for any specified period or duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

□ I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

🗆 I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

□ I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_/ \_\_\_/