

KNOX NURSERY INC.

940 Avalon Road • Winter Garden, Florida 34787 • 407-654-1972 • Fax: 407-654-2302 • WWW.KNOXNURSERY.COM

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment

It is our policy to prohibit discrimination in employment and to provide equal opportunity in employment for all qualified persons without regard to their race, color religion, sex, age, marital status, national origin or on the basis of disability.

DATE _____

PLEASE PRINT PLAINLY USING BLUE OR BLACK INK

PERSONAL DATA

Full Name _____ Any Other Name(s) Used _____

Present Address _____
STREET CITY STATE ZIP

Phone Number (_____) _____ Alternate Phone Number (_____) _____

Are you at least 18 years of age? Yes No

Are you a citizen of the U.S. or are you otherwise lawfully authorized to work in this country? Yes No

IMPORTANT: Every offer of employment is contingent upon the employee completing an employment verification form and showing original documents, as required by law, to prove identity and the right to work. You may also be required to provide additional information, as allowed by law, to permit Knox Nursery to carry out background checks.

EMPLOYMENT DESIRED

Position Desired _____ Date you can start _____ Salary Desired \$ _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Are you a former employee? Yes No If so, when were you previously employed here? _____

Have you applied for employment here previously? Yes No If so, when? _____

Referred by: Newspaper Knox Nursery Employee Name _____

Job Posting on Web Other _____

Employees may be scheduled to work extended hours, nights, and/or weekends. If you are not available to work certain hours and/or days, please tell us what periods you are not available and the reason why you are not available. We *may* be able to accommodate your schedule.

Have you ever been **convicted** of a **felony** by a civilian court or military tribunal? Yes No

If yes, please describe: _____

Note: A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness, and nature of the violation, will be taken into account. Traffic violations, misdemeanors and arrests **do not** need to be disclosed here.

EDUCATION AND VOCATIONAL TRAINING

EDUCATION	NAME	ADDRESS	FROM	TO	DID YOU GRADUATE?	DEGREE? SPECIAL STUDY?
HIGH SCHOOL						
COLLEGE						
OTHER						

CURRENT AND FORMER EMPLOYERS

(List below the last three employers, starting with the most recent first)

NAME OF EMPLOYER	SUPERVISOR	DATES	POSITION/DUTIES	SALARY	REASON FOR LEAVING
		FROM		BEGIN	
PH#		TO		END	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF EMPLOYER	SUPERVISOR	DATES	POSITION/DUTIES	SALARY	REASON FOR LEAVING
		FROM		BEGIN	
PH#		TO		END	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF EMPLOYER	SUPERVISOR	DATES	POSITION/DUTIES	SALARY	REASON FOR LEAVING
		FROM		BEGIN	
PH#		TO		END	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Which of these jobs did you like best? _____ Least? _____

Please list any specific work skills and any type of machinery or office equipment you can operate: _____

Please list any information concerning your previous employment, including training or experience not listed above, that you feel is pertinent to your application. _____

List any occupational or professional licenses you have. _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE READ BEFORE SIGNING

*Initial on the right to acknowledge that you have read and understand each of the statements below. If you have any questions regarding the following statements, **please ask** before signing at the bottom.*

Knox Nursery, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination.

(INITIAL)

I hereby certify that the answers and statements given by me in this application are correct and without consequential omissions of any kind. I agree that a false statement or omission may result in the withdrawal of any employment offer or dismissal from employment resulting from this application.

(INITIAL)

I understand that all statements made by me in connection with my application for employment may be checked by Knox Nursery, Inc. I authorize all persons at Knox Nursery and their agents to release any and all records and information pertaining to my employment history, police record, education background, military service, or personal reputation and hereby release and indemnify all parties from liability for damage and agree to hold them harmless for providing this information.

(INITIAL)

I understand that if I become employed by Knox Nursery, Inc. my employment and compensation are for no definite period and, regardless of the time and manner of payment of my wages, salary or other benefits, my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at either the option of the company or myself. Should this application result in my employment, it should not be construed to imply the existence of an employment contract for any specified period of time. I further understand that there are no other arrangements, agreements or understanding, oral or in writing, relating to the understanding set out in this paragraph and that the understanding set out herein supersedes any prior contrary statements. I further understand that any purported modifications to the understanding set out in this paragraph will not be effective unless in writing and personally signed by a representative of Knox Nursery, Inc. having actual authority to do so.

(INITIAL)

I understand that this application will only be considered "active" for thirty (30) calendar days from the date of application. If I have not obtained employment with Knox Nursery, Inc. within 30 days, but remain interested in obtaining employment with Knox Nursery, Inc. I understand that I must complete a new application to be considered for an additional 30 days.

(INITIAL)

I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact my supervisor or Knox Nursery's Executive Director, to obtain assistance in the resolution of such matters.

(INITIAL)

I hereby acknowledge that I have read and fully understand each of the above statements.

APPLICANT'S SIGNATURE: _____ **DATE:** _____