

CHUCK HAFNER'S GARDEN CENTER APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

CHUCK HAFNER'S GARDEN CENTER is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify a company representative if a reasonable accommodation is needed to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)			Telephone Number		
	Street Address					
	City			State		Zip Code
	Position Applied For			Rate of Pay Desired		
	Please list days and hours available, including weekends:			Date Available to Start Work		
	Are you 18 years of age or older?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you previously submitted an <i>Application for Employment Form</i> and/or been interviewed for employment with us? If yes, give month and year _____ / _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed by us before? If yes, give dates From _____ / _____ / _____ to _____ / _____ / _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have had an opportunity to review a job description for the position for which you are applying, are you able to perform the essential functions of this position with or without reasonable accommodation?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Job Description Not Provided	
EDUCATION	Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School Or Preparatory School					
	College					
	Other					
SKILLS	If under 18, do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Computer Skills:					
	List any additional job-related skills, technical, or professional knowledge that you feel would support your qualifications for employment:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:		

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

If current employer, may we contact to obtain employment information? Yes No

Name of Employer	Telephone Number ()
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Address	Street	City	State	Zip Code
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Employment Dates (Month/Year) From ____ / ____ to ____ / ____	Starting Pay Rate	Current or Final Pay Rate
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ()
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Address	Street	City	State	Zip Code
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Employment Dates (Month/Year) From ____ / ____ to ____ / ____	Starting Pay Rate	Final Pay Rate
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

Name of Employer	Telephone Number ()
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Address	Street	City	State	Zip Code
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Employment Dates (Month/Year) From ____ / ____ to ____ / ____	Starting Pay Rate	Final Pay Rate
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Job Title of Position	Name and Job Title of Supervisor
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Brief description of job duties, responsibilities and significant accomplishments

Reason for leaving

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that this *Application for Employment Form* was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material fact may disqualify me from further consideration of employment, withdrawal of an offer of employment, or termination of employment, if hired.

I authorize CHUCK HAFNER'S GARDEN CENTER to verify all of the information I have provided on this *Application for Employment Form* or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide the company with any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release CHUCK HAFNER'S GARDEN CENTER and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed by the company, I understand that I am required to abide by the company's policies, procedures, rules, and regulations. 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 or salary, be terminated by the company or myself at any time for any reason with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the company's employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____