Date Received_____

The Flower Bin Garden Center and Nursery APPLICATION FOR EMPLOYMENT

Applicants who are hired will be required to present documents verifying that they are authorized to work in the U.S.

** You will be contacted only if we wish to schedule an interview!**

(PLEASE PRINT) Please complete entire application.

DATE	-						
NAME	PHONE						
If you are applying for a specific pos below.	sition(s), please circle the approp	riate department(s) from the list					
Cashier	Nursery/Shrubs	Annuals					
Hard Goods/Fertilizers/Lawns	Perennials	Foliage (house plants)					
Roses	Vegetables	Lawns					
Loader							
Are you available to work: Full-Tim Part-Tim If part time, please indicate days, nu	e?yesno	available:					
Are you currently employed? Yes_ Will you accept a seasonal position?							
(MOST POSITIONS REQ	UIRE WORKING SOME SAT	URDAYS AND SUNDAYS)					
Are you able to work both Saturda	ay and Sunday when required?	YN					
Will you need to request any time	off prior to July? YN	_ If yes, when					

(OVER)

Last Name	First Name		Middle Name	e	Telephone	
Present Street Address		City		State	Zip Code	
Have you ever applied h	ere before? Y	N	When?			
Were you ever employed	l here? Y	N	When?			
Why did you choose to a	apply at The Flow	er Bin?				
What experiences, qualit	fications, or skills	qualify you f	for the position(s) ye	ou are applyir	ng for?	
What machines or equip	ment can you ope	rate that are r	elated to the job(s)	for which you	ı are applying?	
AN ESSENTIAL			DEPARTMENTS VY MATERIALS		TING AND	
Are you able to lift <u>30 lb</u> Are you able to lift <u>50 lb</u>	-	•				

EDUCATION

School High School	Name, City, State	# of Years Completed	Degree
College/University			
Vocational/Technical			
Other			

					IPLOYME			
Beginning with your	current or las	st employer, li	st the	jobs you	ı've held f	or the	e past 7-seven years	
Employer		Telephone Nu	ımber		Addres	s (Str	eet, City, State)	
Title of your Position	Date Started	Date Ended	Supe	rvisor				
Reason for Leaving								
Describe Work Perfo	rmed							
Employer		Telephone Nu	ımber		Addres	Address (Street, City, State)		
Title of your Decition	Data Otaritad	Data Fradad	0					
Title of your Position	Date Started	Date Ended	Supe	VISOF				
Reason for Leaving								
Describe Work Perfo	rmed							
Employer		Telephone Nu	mbor		Addrog		eet, City, State)	
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Title of your Position	Data Startad	Date Ended	Supa	nvicor				
	Dale Slaned		Supe	VISOI				
Reason for Leaving								
Describe Work Perfo	rmed							
Employer		Telephone Nu	ımber		Addres	s (Str	eet, City, State)	
Title of your Position	Date Started	Date Ended	Supe	rvisor				
Reason for Leaving								
Describe Work Perfor	rmed							