

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

609. 921.9248



NURSERY & LANDSCAPE SERVICE, INC.
133 CARTER RD • PRINCETON NJ 08540
www.kalesnursery.com

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City	State	Zip Code	Alternate Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", with what employers?

E D U C A T I O N	School	Name & Location	Course of Study	# Years Completed	Did you Graduate	Degree or Diploma
	Graduate					
	College (Additional)					
	College					
	Business/Trade/ Technical					
	High School					
	Other					

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Description of Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Description of Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Description of Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Pay Start Last
	Job Title and Description of Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

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Did you serve in the armed forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose race, color, religion, age or national origin)

Personal Reference (Optional)

Name	Contact Info	Relationship

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize Kale's to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in one year. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such offer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date

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For Kale's Use Only

Reference Check:

Interview Notes: