



Employment Application

**All applicants are screened
for illegal drugs!**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Programs, services, and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Loma Vista Nursery Applicant Information

Please Print

How were you referred to us:

Type of employment desired: Full Time Part Time Temporary Seasonal Internship

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () Cell Phone/Other Phone ()

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
If you are under 18 and require a work permit, can you furnish one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be consideration.

Driver's license number if applicable to position: _____ State: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Full Name: _____ Phone: ()

Address: _____

Full Name: _____ Phone: ()

Address: _____

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Previous Employment (begin with most recent)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Summarize Your Special Skills or Qualifications

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____