

Application for employment

Date \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_  
last first middle (called)

Address \_\_\_\_\_  
Street City St. zip

Rate of pay acceptable \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Are you now employed? ( ) yes ( ) no  
If yes may we refer to your present employer? ( ) yes ( ) no  
Are you applying for: Full time ( ) Part time ( )  
Are you looking for year round work ( ) or seasonal work ( )

What is the highest grade level? \_\_\_\_\_ Have you taken any business or technical course that you can tell us about? \_\_\_\_\_

Have you any additional skills or work experience that we might find useful? If so please explain \_\_\_\_\_

Mays Greenhouse requires that each employee be physically qualified to perform tasks required by the job. As a condition of employment a new employee may be required to take a physical by a Doctor of our choice. This would be for the protection of you your fellow employees and the company. Please initial here to indicate that you have read and understand this. \_\_\_\_\_  
If the exam results show you to be unable to perform the tasks this job requires you may be dismissed.

If employed, I hereby authorize Mays Greenhouse to require me to take a drug and alcohol test according to company policy. I understand that refusal to take this test shall result in my dismissal.

Signature \_\_\_\_\_ date \_\_\_\_\_

Please supply information on any criminal convictions:

\_\_\_\_\_  
\_\_\_\_\_

**List the hours that you will be available to work (weekend days included).**

Our open hours are 9 a.m. to 5.30 p.m., Monday through Saturday and 12 noon to 5:30 p.m. on Sundays. Most employees will work 9 a.m. to 5.30 p.m. on Sundays. If you are scheduled for the hours you provide, you will be expected to fulfill this time.

**SUNDAY** \_\_\_\_\_  
**TUESDAY** \_\_\_\_\_  
**THURSDAY** \_\_\_\_\_  
**SATURDAY** \_\_\_\_\_

**MONDAY** \_\_\_\_\_  
**WEDNESDAY** \_\_\_\_\_  
**FRIDAY** \_\_\_\_\_

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Personal references (do not list relatives)

Name	Address	Phone

Please list past employers (beginning with the most recent)

Name and Address	Started/left	Highest wage	Reason for leaving

In completing and submitting this application I understand and agree: any miss-statement of facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be cause for termination, and that my previous employers may be asked for information concerning my employment, ability, character and experience. If employed I agree to abide by the rules/regulations set forth by Mays and agree that I may be required to furnish proof of age, that Mays shall be entitled to receive reports concerning injuries or illness from attending physicians or practitioners, and finally that no question has been asked whose answer would disclose my sex, color, race, disabilities, or religion.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE BELOW (for office use)

Application accepted by \_\_\_\_\_ Interview date/time \_\_\_\_\_

Position interviewed for \_\_\_\_\_ Hired? \_\_\_\_\_ Rate of pay \_\_\_\_\_

Date and place of physical (if required) \_\_\_\_\_