APPLICATION FOR EMPLOYMENT



| Last | | | First | | Middle | | Called | | |
|---|---|--------|-----------------------------|--|---------------------|---------------|--------|-------------|--|
| | | | | | | | | | |
| Home Addr | ess | | | City | | State | | Zip | |
| | | | | | | | | | |
| Phone num | ber: | | | Alternate Phone: | | Email: | | | |
| | | | | | | | | | |
| Are you app | olying for: Fulltime | | ck any that ap Part time | ply) Seasonal | Year-round | | Any | | |
| What position are you interested in? Cashier Greenhouse | | | | (check any that apply) Support Services | | | Any | | |
| Rate of pay | Rate of pay acceptable Date available to work | | | | | | | | |
| Days and hours available. Regular employment hours are from 9 am to 5:30 pm and requires at least one weekend day. How many hours do you want a week? | | | | | | | | | |
| - | Sunday | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| From: | | | | | | | | | |
| To: | | | | | | | | | |
| EDUCATION Are you in school now? Yes No | | | | | | | | | |
| Schools attended Name of School Location of school Highest level completed Graduated | | | | | | | | | |
| | | | | | | | Yes | No | |
| | | | | | | | Yes | No | |
| | | | | | | | Yes | No | |
| | | | | | | | Yes | No | |
| | | | | | | | Yes | No | |
| Have you ta | iken any other c | course | or have any a | dditional skill that y | ou would like to | tell us about | ? | | |
| | | | | | | | | | |
| Do you have If yes pleas | | , gree | nhouse, maint | enace, cashier, fork | lift or tractor exp | erience? | | | |

| Are you auth | orized to work in t | the United States | ? | | | | |
|-----------------|--|------------------------|----------------------------------|---|----------------------|--|--|
| Identity and | | | res will be verified as requ | uired by law. | | | |
| | er been discharged I for discharge: | d by any compan | y?Y | 'es No | | | |
| | erences (do not lis | | | | | | |
| Name | ame Phone # Email/phone | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | | | |
| Please List Pa | ast employers (beg | ginning with mos | t recent) | | | | |
| Start | . , | | · | | Reason for | | |
| Date: | End Date: | Rate of Pay: | Employer: | Address | leaving | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| If yes, explain | • | ead guilty to a mi | sdemeanor at any time in | the last 5 years? | Yes No | | |
| | | | | | | | |
| Have you bee | • | ead guilty to a fel | ony at any time in the last | 5 years? | Yes No | | |
| | | | | | | | |
| | | (A conviction will | not necessarily disqualify an ap | plicant from employment) | | | |
| - | | _ | | stretching, standing for long peri customer service skills. Do you f | | | |
| | Yes | No | Exception: | | | | |
| If hired you c | | | | ain and sometimes snow. Would | this be an issue for | | |
| | Yes | No | Exception: | | | | |
| We do have t | to spray pesticides | to keep insect p | opulations in the greenho | uses down. Do you have issues v | with this? | | |
| | Yes | No | | | | | |
| Is there anyth | hing additional tha | — at you would like | to tell us about? | | | | |
| • | - | - | | | | | |
| | | | | | | | |
| | | | | | | | |

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. 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. 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.)

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 | | | | | | | | | |
|--|---------------------|-------------|--|--|--|--|--|--|--|--|
| After completing the application, you can bring it to our store, email it to us at mays@maysgreenhouse.net Subject: Job application, or mail it to us at 6280 S. Old State Rd 37, Bloomington, IN 47401. If you have any questions, you can call us at (812) 824-8630. | | | | | | | | | | |
| DO NOT WRITE BELOW (for office use) | | | | | | | | | | |
| Application accepted by | Interview date/time | e | | | | | | | | |
| Position interviewed for | Hired? | Rate of Pay | | | | | | | | |
| Date and place of physical (if requir | ed) | | | | | | | | | |