Greenstreet Growers, Inc. Employment Application Form



391 West Bay Front Road Lothian, MD 20711

1721 West Braddock Road Alexandria, VA 22302 OFFICE USE ONLY: Date received: Reviewed by: Wage:

			DATE C	OF APPLICATI	ON
Name					
]	Last	First	Middle		Maiden
Present address					
	Number	Street	City State	Zip	
How long at current add	lress				
Cell phone #:	Alternat	ive phone:	email ad	ldress	
Are you a smoker/non-s	smoker? (please circle of	ne)			
Are you under age 18 _	YESNO, if "Y	ES", can you provide	e proof of your eli	gibility to work?	YESN0
*If yes, you will need t	o acquire a Work Perr	nit before you can st	art work.		
Are you currently author	orized to work in the Uni	ted States?YES	NO. Proof	of eligibility wi	ll be required, if hired.
	ource Internet	r Walk-in r Agency i	Referral	Other	
How many hours can ye	ou work weekly?	Preferred Days &	to work_		
Employment desired	□FULL-TIME ONI	Y D PART-TIM	E ONLY D	ULL- OR PART	T-TIME
When are you available Have you ever filed an	to start?application here before?	Yes r No r If yes, giv	e date.		
Have you ever been em	ployed here before? Yes	r No r If yes, give da			_
Are you employed now	? Yes r No r May we co	ntact your present em	ployer? Yes r No	r	
•	being employed in this	•	-	n Status? Yes r N	No r
(Proof of citizenship or	immigration status I-9 v	vill be required upon	employment.)		

NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE/YEAR GRADUATED
-	NAME OF SCHOOL	NAME OF SCHOOL LOCATION	

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? I No I Yes A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Willingness Checklist for Garden Center Applicants Only

Part of the activities required to maintain and operate a garden center involve duties or tasks that are often overlooked when describing a specific job. Please indicate your level of willingness to perform these tasks and duties by placing an "X" on the appropriate line.

Would you be willing to:	NO	MAYBE	YES
1. Greet & approach all customers with a smile?			
2. Ask questions if you are ever unsure?			
3. Restock displays throughout the day?			
4. Load bags of mulch and soil into vehicles?			
5. Clean the bathroom, windows & glass?			
6. Sweep and mop the floors, walkways, etc.?			
7. Uphold a no smoking policy?			
8. Climb and work using the safety procedures?			
9. Stand on your feet long periods of time?			

Signature_____Date _____

APPLICATION FOR EMPLOYMENT DO YOU HAVE A DRIVER'S LICENSE? D'Ver's license
What is your means of transportation to work?
What is your means of transportation to work?
Driver's license State of issue Operator Commercial (CDL) Chauffeur Expiration date
number
Have you had any accidents during the past three years? How many?
Have you had any moving violations during the past three years? How Many? OFFICE POSITIONS ONLY I Yes Yes Typing No WPM Quickbooks No Processing I Yes PC Other Computer No Mac Please list two professional references, preferably former supervisors, other than relatives. (Even if this is your first job, please list any odd job employers such as babysitting, house sitting, grass cutting, etc) Name
OFFICE POSITIONS ONLY I Yes Yes Word Yes Typing No
Image: Second state in the second s
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In the space provided, please explain: Why are you applying for a job at Greenstreet Growers?
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PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty _ Date Entered Discharge Date Work Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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City, State, Zip Code Phone number		From	Start		
		То	Final		
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May we contact your present employer? \Box Yes \Box No

<u>Annuals</u>

<u>Perennials</u>

<u>Nursery</u>