

# Mandy's Spring Farm Nursery, Inc.

1637 County Route 28 - Granville, NY 12832

PHONE (518) 642-3676 FAX (518) 642-1369

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin. Please complete all requested information. Incomplete applications will not be considered

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

SOCIAL SECURITY NO. \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU OVER 18? \_\_\_\_\_ DO YOU HAVE RELIABLE TRANSPORTATION? \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ WHERE? \_\_\_\_\_  
EMPLOYER'S NAME AND PHONE NUMBER

IF SO, MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_ REFERRED BY \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE \_\_\_\_\_ SALARY \_\_\_\_\_  
YOU ARE APPLYING FOR YOU CAN START

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

### EDUCATION

	NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED & DEGREES(S) RECEIVED
GRAMMAR SCHOOL			YES or NO	
HIGH SCHOOL			YES or NO	
COLLEGE(S)			YES or NO	
CORRESPONDANCE SCHOOL(S)			YES or NO	
TRADE OR BUSINESS SCHOOL(S)			YES or NO	

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

ACTIVITIES (OTHER THAN RELIGIOUS) \_\_\_\_\_

DO NOT LIST ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

**FORMER EMPLOYERS** LIST BELOW YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT

DATES EMPLOYED	NAME AND ADDRESS OF EMPLOYER	POSITION YOU HELD	WAGE YOU EARNED	REASON(S) FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				
ANY ADDITIONAL COMMENTS:				

**REFERENCES** LIST BELOW THE COMPLETE NAME, ADDRESS, AND PHONE NUMBER OF AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. DO NOT INCLUDE FORMER EMPLOYERS

NAME AND ADDRESS	HOW LONG	PHONE NUMBER

**PHYSICAL RECORD** DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB YOU ARE APPLYING FOR?

\_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Position interviewed for: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Appearance: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired: \_\_\_\_\_ Wage(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_