



5101 S Washington St
Grand Forks, ND 58201

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www.AllSeasonsGardenCenter.com

APPLICATION FOR EMPLOYMENT

Name: _____ Address: _____

City, State, ZIP: _____ Todays Date: _____

Phone: _____ Email: _____

Do you have a Driver's License? YES NO Class: _____ Driver's License #: _____

Social Security #: _____ Have you ever been convicted of a felony? (yes does not disqualify) YES NO

If yes, please explain: _____

In Case of Emergency Notify: _____ Phone: _____

Can you operate farm or construction equipment? YES No Specify: _____

Since the nature of our business at times requires employees to lift or move heavy objects do you have any physical/health concerns, i.e: allergies, that might affect the position you're applying for? YES NO

If yes, please explain: _____

TYPE OF WORK SOUGHT

Position you are applying for: _____ Wage Expected: _____

Are you interested in: Full Time Part Time Seasonal Date you can start: _____

What days/hours are you available to work? (Kindly check off days and fill in time)

Monday _____ - _____ Tuesday _____ - _____ Wednesday _____ - _____ Thursday _____ - _____

Friday _____ - _____ Saturday _____ - _____ Sunday _____ - _____

What is the minimum and maximum number of hours per week you would like to work? Minimum: _____ Maximum: _____

Why do you want to work at All Seasons Garden Center? _____

EDUCATION/TRAINING

Name of School _____ Course of Study _____ Special Training (i.e., computer skills) _____

College _____

High School _____

Subjects of Special Study or Other Qualifications: _____

PREVIOUS EMPLOYMENT

1. Company: _____ Job Title: _____

Address: _____ Wage: _____

Employed From: _____ To: _____ Reason For Leaving _____

Responsibilities/Job Duties: _____

Machines/Equipment You Used: _____

2. Company: _____ Job Title: _____

Address: _____ Wage: _____

Employed From: _____ To: _____ Reason For Leaving: _____

Responsibilities/Job Duties: _____

Machines/Equipment You Used: _____

3. Company: _____ Job Title: _____

Address: _____ Wage: _____

Employed From: _____ To: _____ Reason For Leaving: _____

Responsibilities/Job Duties: _____

Machines/Equipment You Used: _____

REFERENCES

(Please list at least 3 people who are not related to you and are not previous employers)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information may result in my release.

Signature: _____ Date: _____