

Application for At-Will Seasonal Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

| Name: | | | Date: | | | | | |
|--|---------------|-----------------------|---------------------|-------------|----------------------------|----------|--|--|
| Address: | | | | | | | | |
| Phone: | | | Email: | | | | | |
| Are you 18 ye | ars or older? | □Yes □No | Date you | can start w | vork: | | | |
| Are you lawfully entitled to be employed in the United States? \Box Yes \Box No | | | | | | | | |
| Times you are generally available to work each week: | | | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | |
| How many hours do you prefer to work each week? | | | | | | | | |
| Area(s) of preference/experience (check all that apply): | | | | | | | | |
| □customer service □ | | □annuals & vegetables | | □flor | □floral | | | |
| □cashiering | | ☐greenhouse growing | | □deli | \square delivery driving | | | |
| □trees & shrubs | | □gardening | | □clea | \square cleaning | | | |
| □perennials | | □landscaping | 5 | □mai | \square maintenance | | | |
| □any □ | | □other: | | | | | | |
| References: List three individuals not related to you whom you have known for at least a year. | | | | | | | | |
| Name | | Contact | Contact Information | | Relationship | | | |
| | | | | | | | | |
| | | | | | | | | |
| Do you know | anyone who | is or was emp | loyed by Van A | Atta's? □\ | ∕es □No | | | |
| If so, who? | | | | | | | | |

| Education | Name of School & Location | Course of Study | Degree/Diploma | |
|-----------------|---|---------------------------|--------------------------------------|--|
| | | | Completed? | |
| High School | | | □Yes □No | |
| College | | | □Yes □No | |
| Other | | | □Yes □No | |
| | oe any special skills, training, ma ations you have that may be rele | | | |
| | | | | |
| Employment | History | | | |
| Are you curre | ntly employed? \square Yes \square No | | | |
| If so, may we | contact your current employer? | ^¹ □Yes □No | | |
| Please list you | ır previous employers (most rec | ent first): | | |
| Dates of | Name, Location, and Phon | e Last Position | Reason for Leaving | |
| employment | Number of Employer | Held | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| То: | | | | |
| From: | | | | |
| То: | | | | |
| | | I | | |
| May we conta | ct any of your previous employe | ers? □Yes □No | | |
| If yes, which c | nes? | | | |
| Have you eve | been convicted of a crime other | er than a minor traffic v | iolation? \square Yes \square No | |
| If yes, please | explain: | | | |

Please read the following statement carefully before signing to indicate your understanding:

I understand that prior to being offered employment I may be asked to take an employment examination. If I have a disability that will affect my ability to take the test, I will so inform Van Atta's Greenhouse & Flower Shop prior to the administration of the test so that reasonable accommodation can be made. Van Atta's reserves the right to require medical documentation regarding the need for accommodation.

I certify that the information I have entered on this application is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements made on this application for employment-related purposes. I release the listed references and employers (unless I have noted their exception above) to provide all applicable information they have. I hereby release these references and employers from all liability for any information they provide to Van Atta's.

Date

Signature

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