

# APPLICATION FOR EMPLOYMENT



The Family Tree Garden Center, Inc. is an Equal Employment Opportunity Employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best suited for the job without any knowledge or consideration to any individual's membership in any protected class. Any personal information found on this application or any supporting documentation will be removed as soon as it is discovered and will not be used in the decision making process. All applications received will only remain active until the end of each calendar quarter. On January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, and October 1<sup>st</sup>, all applications will be put in an inactive file. If you wish to be reconsidered for employment after these dates, you will need to complete a new application. *Please print or write legibly, giving all requested information.*

## NAME, ADDRESS AND BACKGROUND INFORMATION

Name \_\_\_\_\_  
Last First Middle

Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_  
Number Street  
City State Zip Code

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Are you legally permitted to work in the United States? Yes \_\_\_ No \_\_\_

Position for which you are applying \_\_\_\_\_ Full-time \_\_\_ Part-time \_\_\_

Check when you are available to work: Weekends \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

Have you ever applied with this company before? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Have you ever worked with this company before? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

*If you are applying for any position that requires driving, please complete the following information.*

Do you have a valid Georgia Driver's License? Yes \_\_\_ No \_\_\_ If Yes, give License # \_\_\_\_\_

Number of reportable accidents in the past 5 years? \_\_\_ Number of Moving Violations in past 5 years? \_\_\_

*Note: If you are selected for an interview, you will need to bring a copy of your driving record that is no more than two weeks old as well as evidence of passing an Georgia Department of Transportation physical.*

## PREVIOUS WORK EXPERIENCE

List your last three employers. Start with your most recent.

1. Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Position Held \_\_\_\_\_ Length of Time at This Position \_\_\_\_\_

Other Positions Held With This Employer \_\_\_\_\_

Wages \$ \_\_\_\_\_ Current Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May We Contact This Employer? Yes \_\_\_ No \_\_\_

*(Please complete both sides of this application.)*

**PREVIOUS WORK EXPERIENCE**  
(Continued)

2. Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Length of Time at This Position \_\_\_\_\_  
Other Positions Held With This Employer \_\_\_\_\_  
Wages \$ \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May We Contact This Employer? Yes \_\_\_ No \_\_\_

3. Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Position Held \_\_\_\_\_ Length of Time at This Position \_\_\_\_\_  
Other Positions Held With This Employer \_\_\_\_\_  
Wages \$ \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May We Contact This Employer? Yes \_\_\_ No \_\_\_

**OTHER SKILLS, EDUCATION, OR TRAINING**

Please list any skills, education, or training that is directly related to the position for which you are applying:  
(i.e. Trade School, On-The-Job Training Programs, College Degrees, Volunteer Experience, Certificates, Licenses,  
Horticulture Courses, Business Courses, etc.) \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION AND SIGNATURE**

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, please give detail \_\_\_\_\_  
\_\_\_\_\_

Working in our stores involves working around dust and pollen. Is there any reason you cannot consistently  
work in this type of environment? Yes \_\_\_ No \_\_\_ If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

*By my signature, I hereby certify that the information I have given is accurate and true.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*Note: No consideration of employment will be given to any applicant that does not sign the above statement.*