



2121 SHERIDAN DRIVE, TONAWANDA, NY 14223

Application For 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.

(PLEASE PRINT)

| | | | |
|--|-----------------------------------|--------------------------------------|-------------|
| Position(s) Applied For: | | Date of Application | |
| How Did You Learn About Us? | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | | |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ | |
| Last Name | | First Name | Middle Name |
| Address | Number | Street | City |
| | | State | Zip Code |
| Telephone Numbers | | | |
| Home: | Cell: | Other: | |

Are you over 18 years of age? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ No

Have you ever been employed with us before? If Yes, give date _____ No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship of immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you object to weekend work? Yes No

Is additional information relative to a change of your name, or your use of an assumed name or nickname necessary to enable us to check your work or education record? If yes, please explain _____ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

Are you presently a student? Yes No Full Time Part Time

| | Elementary School | | | | High School | | | | College/ University | | | | Graduate/ Professional | | | |
|---------------------------------------|-------------------|---|---|---|-------------|----|----|----|---------------------|---|---|---|------------------------|---|---|---|
| School Name Location | | | | | | | | | | | | | | | | |
| Years Completed | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree | | | | | | | | | | | | | | | | |
| Describe Course of Study | XXXXXXXXXXXXXX | | | | | | | | | | | | | | | |
| Describe any Honors you have Received | | | | | | | | | | | | | | | | |

| Indicate any foreign languages you can speak, read and/or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

| |
|--|
| Describe any specialized training, apprenticeship, skills, hobbies or extra-curricular activities. |
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|---|
| Describe any job related training received in the United States Military. |
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| |

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | | |
|-----------|--------------------|------------|---------------------------|-------|--|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | May we contact your supervisor? Yes No |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | May we contact your supervisor? Yes No |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | May we contact your supervisor? Yes No |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | May we contact your supervisor? Yes No |

If you need additional space, please continue on a separate sheet of paper.

| | | |
|--|---------------------|--------------------|
| Please list three references that we may contact: (not related to you & not a previous employer) | | |
| 1. Name | Address | |
| Phone | Relationship | Years Known |
| 2. Name | | |
| Address | | |
| Phone | Relationship | Years Known |
| 3. Name | | |
| Address | | |
| Phone | Relationship | Years Known |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 Northtown Garden Center has an "employment-at-will" relationship with its employees. This means that as a member of the staff, you are free to leave Northtown Garden Center at any time, with or without reason and that the company has the same right to end its employment relationship with you. No one at Northtown Garden Center has authority to make a contrary agreement with you except Jack Domin. Any such contrary agreement must be in a formal written document and signed by Jack Domin and you. Our handbook and all other policies and procedures of Northtown Garden Center are intended to be consistent with the company's employment-at-will philosophy.
 In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in cancellation of this application or if I have been hired, my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant _____
 Date

| FOR PERSONNEL DEPARTMENT USE ONLY | | | |
|--|---|------------------|------|
| Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Remarks _____ _____ | | | |
| HIRED <input type="checkbox"/> Yes <input type="checkbox"/> No | Start Date of Employment _____ | INTERVIEWER | DATE |
| Job Title _____ | Hourly Rate/ Salary _____ | Department _____ | |
| By _____ <small style="text-align: center;">NAME AND TITLE</small> | _____ <small style="text-align: right;">DATE</small> | | |

NOTES _____

