

**APPLICATION FOR EMPLOYMENT
VERDE RIVER GROWERS, LLC
300 S. Rocking Chair Ranch Road
Cottonwood, AZ 86326**

Circle	Plant Care	Sales	Admin	Driver
Date:		Position applied for:		
First day you can work:	Pay expected: \$ _____ per	Will you be able to work weekends and holidays? Yes _____ No _____		
Have you ever been employed by us?	Are you applying for seasonal, year round, or		Referred by (circle one) 1-Ad 2-Friend 3-Employee 4-Walk-in 5-Other (specify)	
PERSONAL:				
Name:		Last	First	Middle
Mailing address			Home phone #	
Residence (if different)			Cell phone #	
Do you have a valid drivers license?		Yes	No	State
Motor Vehicle MVR for last 3 years will be required from State for applicants in driving positions.				
Have you ever been convicted of a crime (felony or misdemeanor)?		Yes	No	If "yes" explain:
Where	When	Charge	Sentence	
Parole Officer's Name and Phone Number _____				
Disclosure of a criminal record will not necessarily disqualify you for employment.				
EDUCATION: circle last year of education completed.				
Elementary 5 6 7 8		High school 1 2 3 4		College 1 2 3 4
Last school attended:				
Areas of concentration & degrees achieved:				
List any school or work achievements, interest, professional and special skills (such as foreign language fluency, mechanical, operating equipment, accounting, computing skills that would be helpful in the position you are applying for :				
MILITARY SERVICE: Have you ever been a member of the Armed Forces of the United States? If yes, list any special skills or abilities you developed while in the military service which directly relate to the job for which you are applying:				
REFERENCES: (Provide three, non-related persons who may be contacted for further information:)				
	Name	Relation?	Phone Number	How many years known?
1				
2				
3				

Note: Letters of recommendation will be very helpful in the employment process. References will be checked.

WORK EXPERIENCE: Begin with present or most recent employer first. Please fill out completely, even if you provided a resume. Please circle the name of any employer you do not want contacted at this time.

EMPLOYMENT HISTORY:				
1	Employer:			Phone #
Address: Street or PO Box				City, State, Zip
Your Position:			Part- time	Starting Salary
			Full - time	Ending Salary
Dates employed (month/yr)		Specific duties:	Reason for leaving:	
from	to			
2	Employer:			Phone #
Address: Street or PO Box				City, State, Zip
Your Position:			Part- time	Starting Salary
			Full - time	Ending Salary
Dates employed (month/yr)		Specific duties:	Reason for leaving:	
from	to			
3	Employer:			Phone #
Address: Street or PO Box				City, State, Zip
Your Position:			Part- time	Starting Salary
			Full - time	Ending Salary
Dates employed (month/yr)		Specific duties:	Reason for leaving:	
from	to			

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL TO HIRE OR TERMINATION OF EMPLOYMENT. I AUTHORIZE ALL PAST EMPLOYERS, SCHOOLS, AND PERSONS HAVING RELEVANT INFORMATION OR KNOWLEDGE ABOUT ME TO PROVIDE IT TO WARNER'S NURSERY AND LANDSCAPE CO. OR ITS DULY AUTHORIZED REPRESENTATIVE FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE SUCH EMPLOYERS, SCHOOLS, AND PERSONS FROM LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF UNLESS CHANGED BY CONTRACT.

I AGREE TO SUBMIT TO DRUG AND ALCOHOL TESTING IF REQUESTED, IN ACCORDANCE WITH COMPANY POLICY.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

--

Employee Availability / Change of Availability Request Form

Show the times and days you are available for work. Whenever your **schedule changes**, request this form, complete it and return it **to your manager** or supervisor. Any change must be presented to a manager or supervisor **10 days in advance**.

Employee Name: _____ Position/Department: _____

Phone Number: _____ Email: _____

I am available to work the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

I would like to work this many hours a week: _____

If there are **changes to original availability** mark the change below (manager must approve changes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Manager Initials

Date

Notes/Explanations (ex: School Mon-Fri 7:00am-3:00pm)

Employee Signature _____ Date _____

Manager Signature _____ Date _____