

Application for Employment
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND BACKGROUND CHECKS MAY BE RUN. PLEASE PRINT and COMPLETE ALL PAGES

> Submit your application via e-mail, mail, or in person to: SILVER MIST GARDEN CENTER- N2270 Hwy. 22, Waupaca, WI 54981

Date	:			
Full l	Name:			
Pres	ent Address:			
City:	-		State:	Zip Code:
Date	of Birth:		Social Security No.:	= =
Tele	ohone:		Cellphone:	
Ema	il:			
Posit	tion applied for: _		Desire	ed Salary:
	SICAL REQUIRE	MENTS	y?na to work a minimum of 40	
2.			ert well-paced mobility for p	periods of up to eight (8) hours in
3.	Do you have t ☐ Yes	the ability to lift u □ No	up to 80 pounds frequently	?
4.	Do you have a □ Yes	any physical cor □ No	ndition that would prohibit p	performing any physical tasks?
If yes	s, please explain:			
Emp	loyment desired:			
Type	full time nart tim	e or no prefere	uce.	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. You may continue on the back or with an additional sheet.

EDUCATION/TRAINING

Name of High School:	Did you Graduate?
Full Address of High School:	
Name of College:	
Full Address of College:	
Number of Years Completed:	Degree and Major:
Name of Business/Trade School:	
Full Address of School:	
Number of Years Completed:	_ Degree and Major:
Name of Professional School:	
Full Address of School:	
Number of Years Completed:	Degree and Major:
Name of Provider of Other Relevant T	raining:
Full Address of School/Organization, etc).:
Number of Years Completed:	Degree and Major:
Have you been convicted a crime? ☐ Yes ☐ No	
	nature of offense(s) leading to conviction(s), how recently such ce(s) imposed, and type(s) of rehabilitation.

Do you have a current driver's license?		
□ Yes □ No		
What is your means of transportation to work?		
Driver's license # State of issue	:	
Expiration date:		
List any special certifications such as Commercial (CDL) or Chauffe	ur:	
Have you had any accidents during the past three years?	☐ Yes	□ No
If Yes, how many?		
Have you had any moving violations during the past three years?	☐ Yes	□ No
If yes, how many?		
Please list two references other than relatives or previous employers 1. Name Position Company Address Telephone ()		
2. NamePosition		
Company		
Address		
Telephone ()		

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer:	
Full Address of Employer:	
Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay:
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performed,	skills used or learned, advancements or promotions while you
worked at this company:	
Name of Employer:	
Full Address of Employer:	
Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay:
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performed,	skills used or learned, advancements or promotions while you
worked at this company:	

Name of Employer:	
Full Address of Employer:	
Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay:
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performe	d, skills used or learned, advancements or promotions while you
worked at this company:	
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Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performe	d, skills used or learned, advancements or promotions while you
worked at this company:	

Name of Employer:	
Full Address of Employer:	
Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay:
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performe	ed, skills used or learned, advancements or promotions while you
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Phone number of Employer:	
Mo/Yr Employed from:	Mo/Yr Employed through:
Your Most Recent Title:	Rate of Pay:
Name of Supervisor:	
Reason for leaving (be specific):	
List the jobs you held, duties performe	ed, skills used or learned, advancements or promotions while you
worked at this company:	

May we contact your present employer?	□ Yes	□ No				
Essay- On a separate sheet of paper, please ans						
(300 words or less) and submit with this application	on. 1. Tell us ab	oout yourself (in relation to this position)				
2. What did you like and dislike about your previo	ous job?					
3. Why should we add you to the Silver Mist team	3. Why should we add you to the Silver Mist team?					
4. Describe your key strengths.						
5. Why did you apply for this position?						
6. Describe the skills and experience you have w	hich make you	a good fit for this position.				
I hereby certify and affirm that the information cor attachments is true, complete and correct. I unde omission of important information made on this a disqualify me from employment or subject me to By signing this application, I authorize Silver Mist qualifications and perform a check of criminal cor release to Silver Mist, LLC, information concerning experience and job performance and any other percompetence, ethics and qualifications for employer.	rstand that false pplication or an immediate dism, LLC to investion and I are my previous certinent informa	e or misleading statements or the y time during the pre-hiring process ma issal if hired. gate my employment background and authorize my previous employers to employment, education, training,				
Signature	Date					