

# APPLICATION FOR EMPLOYEMENT

PLEASE PRINT CLEARLY

PERSONAL INFORMATION	Last Name		First		Middle Initial	Today's Date	
	Current Address		City	State	Zip Code	Telephone No. ( )	
	Email Address					Cell Phone No. ( )	
	Have you been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when: _____		Can you verify you're legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		If under 18 can you furnish a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Expected Rate of Pay \$ _____ per _____		Are you available for: Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/>		Available Start Date		Position(s) Applying For
	Referred By: (Please check applicable box and specify if other source)						
	<input type="checkbox"/> Agency please specify _____		<input type="checkbox"/> School, please specify _____		<input type="checkbox"/> Newspaper, please specify _____		
<input type="checkbox"/> Internet Site, please specify _____		<input type="checkbox"/> Other, please specify _____					
<input type="checkbox"/> Current Employee _____							

## EMPLOYMENT HISTORY

**Do not use "see resume" in lieu of completing application form.** Please complete all sections thoroughly.  
Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below.

1	Employer	Employed				
		From	To			
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ( )	
2	Employer	Employed				
		From	To			
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ( )	
3	Employer	Employed				
		From	To			
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ( )	

**Please explain periods of non-employment** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EDUCATION	Name and Address of School	Number of Years Completed	Major or Type of Coursework	Degree/Certificate	Did You Graduate?
	High School				
	Business/Technical				
	College/University				
	Graduate/Professional				
Other (Seminars, Adult Education, Correspondence Courses)					

REFERENCES	Name	Occupation	Years Known	Email Address	Phone Number

If you are applying for a position where driving is a requirement of the job, please answer the following questions:

Do you have a valid driver's license? Yes  No  License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Within the past three years: How many moving violations have you had? \_\_\_\_\_ How many traffic accidents have you had? \_\_\_\_\_

Why are you seeking employment at this time?

What other experiences or skills do you feel may qualify you for a position with McKinleyville Home & Garden Center?

All persons shall have equal employment opportunities with McKinleyville Home & Garden Center regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of state or federal law regarding age discrimination, employment of the handicapped and armed forces veterans. Employment shall be based solely on the Company's need and the individual's qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize McKinleyville Home & Garden Center to conduct an internal or external investigation of all statements contained in this application deemed relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to McKinleyville Home & Garden Center. I hereby release McKinleyville Home & Garden Center, my former employer or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me may be immediately withdrawn or if I am already employed, I may be subject to immediate dismissal. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by McKinleyville Home & Garden Center, other than for wages at the rate agreed upon for work I have actually performed for McKinleyville Home & Garden Center.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may McKinleyville Home & Garden Center ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at at-will, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_