



-----**APPLICATION FOR EMPLOYMENT**-----

Date of Application _____

Name _____ Social Security No. _____
(last) (first) (middle)

Address _____
(number/street) (city/to) (state) (zip code)

Telephone _____
(area code) (number)

Employment Desired

Position Applied For _____ Pay Desired _____ Date Available to Start _____
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Type of Employment Desired: ___ Full-time ___ Part-time ___ Temporary ___ Seasonal
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Are there any circumstances you are aware of that might adversely affect your ability to perform the job for which you are applying? ___ Yes ___ No
If yes, explain _____

Referred By _____

Employment History

(Please list your relevant work history, beginning with your most recent employer, and note if there are any employers we should not contact for a reference.)

Employer _____ Telephone _____ Contact _____ Address _____ Position held/Job Duties _____ Dates Employed: From _____ To _____ Reason for Leaving _____
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Employer _____ Telephone _____ Contact _____ Address _____ Position held/Job Duties _____ Dates Employed: From _____ To _____ Reason for Leaving _____
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Employer _____	Telephone _____	Contact _____
Address _____		
Position held/Job Duties _____		
Dates Employed: From _____ To _____		
Reason for Leaving _____		

Educational Background

Name/Location of School	Did You Graduate?	Subjects Studied
_____	___ Yes ___ No	_____
_____	___ Yes ___ No	_____
_____	___ Yes ___ No	_____

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Other Relevant Experience

(Please give us any additional information that would be helpful to us in considering your application.)

Authorization

I certify that the information I have provided in this application is true and complete. Any misrepresentations or falsifications are grounds for the cancellation of this application or, if I have been hired, termination of my employment.

I authorize Hopewell Nursery, Inc. to investigate all statements contained in this application. I authorize all parties listed in this application to give Hopewell Nursery, Inc. information about my background, and release Hopewell Nursery, Inc. from liability for any damage that may result from the release or use of such information. If I am hired, I understand that my employment can be terminated, with or without cause, at any time by either Hopewell Nursery, Inc. or myself. I also understand that no representative of Hopewell Nursery, Inc. has the authority to enter into any agreement to the contrary.

Signature of Applicant _____

Date _____