

Application for Employment

BUCHANAIN S				Today's Date
Your Personal Information				
Name				
Name	First		Midd	le
Addraca				
Address		City	State	Zip Code
Home Telephone	Ce	Ilular Telephone		
E-Mail Address			_	
Preferred Method of Contact:	🗆 Home Telephone	Cell Phone	□ E-Mail	
	Other			
Your Emergency Contact				
In Case of an Emergency, I Auth	norize You to Contact:			
Name		Telephone Number		<u> </u>

ALL QUESTIONS MUST BE ANSWERED

STATE "N/A" IF QUESTION IS NOT APPLICABLE

BUCHANAN'S NATIVE PLANTS IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, genetic information, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About Yourself (You must answer every question on this application. If a question does not apply, put "N/A." Please print.)					
What position are you applying for?					
What is your salary expectation? \$ When can you start work? (Date)					
How were you referred to us?					
Have you completed an application here before? Yes No If yes, date/location					
Have you been employed here before?					
Are you available to work <i>(Check any that apply):</i>					
Are there any days or times during the week that you are not available to work? (Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)					
If yes, please list the days/times you are not available to work					
If necessary, can you provide proof that you are over any minimum work age requirement?					
Are you willing to work overtime?					
Can you travel, if required?					
Are you on a layoff and subject to recall? Yes No May we contact your present employer? Yes No					
How much time have you lost from work during the past 12 months?					
Are you now, or do you expect to be, engaged in any other business or employment while working here?					
If yes, please explain					
Are you presently an officer, employee, or employer of another business in our industry or with whom we compete? 🛛 Yes 🗋 No					
If yes, please explain					
Are you currently subject to a Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying?					
If yes, provide a copy of the agreement and state the name of the company:					
Have you ever been terminated or asked to resign from a job? \Box Yes \Box No					
If yes, please explain					
Why do you desire to make a change?					
Are you legally eligible to work in the United States?					
What three things are most important to you in a job? 1) 2) 3)					
What three adjectives best describe you? 1) 2) 3)					
What type of work do you most enjoy?					
Why do you want to work here?					
Tell Us About Your Special Skills and Qualifications					
List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company					
List any professional, trade, business, or civic activities or offices held that would relate to working here					
List any foreign languages that you fluently speak, read, and/or write that would relate to working here					
List software programs that you are proficient in					

Your Educational Background						
Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location	
High School or GED	□ Yes □ No					
Trade, Business, or Correspondence	□ Yes □ No					
College	□ Yes □ No					
Graduate School	🗆 Yes 🔲 No					
Tell Us About You	r Driving Record (N	lecessary for positions th	nat may require use of a pe	ersonal or company vel	hicle for work)	
Do you hold a valid and unexpired Driver's License that is not currently suspended or revoked?						
_	f any moving violation(s) in lanation of each	,	□ Yes □ No			
Tell Us About Any	Records					
Have you ever been convid	ted of, received a sentence			en placed on probati	on, or fined	
by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? NOTE: Answering "yes" to this question is not an automatic bar to employment. Arrest records and juvenile, sealed, and expunged records should not be disclosed. Any other criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records.						
	If yes, describe the details of the conviction/offense, the sentence for the conviction/offense, the date of the conviction/offense (month and year), and your rehabilitation since then:					
Tell Us About You	r Past (Answering "yes" to	any of these questions i	s not an automatic bar to e	employment.)		
Have you ever been discip	Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?					
☐ Yes ☐ No If ye	s, explain the circumstances	s, employer, and date				
Have you ever been a def tortuous interference with a busine	Have you ever been a defendant in a civil action for an intentional tort? (e.g., assault, battery, false imprisonment, infliction of emotional distress, tortuous interference with a business relationship, defamation, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others)					
☐ Yes ☐ No If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome						
Are you currently under investigation or wanted by any law enforcement agency?						
□ Yes □ No If yes, by what law enforcement agency and for what reason?						
Have you ever had any license or certification suspended or revoked? (e.g., law license, real estate license, pest control operator's license, PHR, any driver's license, CPA, etc.)						
	□ No If yes, list the license(s) or certification(s) suspended or revoked and state when and why the license or certification was suspended or revoked.					

Your Military Service				
Branch of Service	Rank at discharge, if a	pplicable	Dates of Service	
			From: To:	
List Duties and Special Training and/or Skills				
Your Work History and Any Em List most recent or current job first. You must include You must also provide a <u>complete</u> work history.	ployment Gaps (m le any gaps in employment, wi	<u>ust</u> be completed even v th a full explanation and da	vhen accompanied by resume) ates for the gap.	
Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone: (Include Area Code)	L		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
State Reason			Supervisor's Name	
Resigned OR Terminated				
Employer	Dates Employed		Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone: (Include Area Code)			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
State Reason			Supervisor's Name	
Resigned OR Terminated				
Employer	Dates E	Employed	Summary of Work Performed	
	From (Mo/Yr)	To (Mo/Yr)	and Job Responsibilities	
Address (City, State, Zip)				
	Phone: (Include Area Code)			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
State Reason			Supervisor's Name	
Resigned 🛛 OR Terminated 🛛				

Employer	Dates	Employed	Summary of Work Performed	
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	Phone: (Include Area Code)			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings			
	Starting	Final		
State Reason			Supervisor's Name	
Resigned 🛛 OR Terminated 🛛				

If you need more space to provide a full work history, request additional work history pages.

Agreement and Release

For the purpose of this agreement and release, the company you are applying for employment with is referred to as "the company," "this company," or "you" in the following paragraphs. The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. I consent to the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I also acknowledge that the company may conduct a search for information about me that is in the public domain including, but not limited to, information on social networking sites. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted and if I am hired, that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this application does not imply that I will be hired.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert. Also, the author is not responsible for any unauthorized changes or omissions to the form.