



# Application for Employment

**INSTRUCTIONS:** Answer every question on this application, even if you submitted a resume. If a question does not apply, put "N/A."

**Today's Date**

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_  
(Name of individual who referred you or the referral source or site)

## Tell Us About Your Interest and Availability

What position are you applying for? \_\_\_\_\_

What date can you start work? \_\_\_\_\_ What is your salary expectation? \_\_\_\_\_

Have you completed an application here before? ☐ Yes ☐ No If yes, date and position \_\_\_\_\_

Have you been employed here before? ☐ Yes ☐ No If yes, date and position \_\_\_\_\_

Availability to work (Check any that apply): ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Nights ☐ Weekends

Are there any days or times that you are not available to work? ☐ Yes ☐ No

If yes, please list the days/times you are not available to work: \_\_\_\_\_  
(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable.)

Are you now, or do you expect to be, engaged in any other business or employment while working here? ☐ Yes ☐ No

If yes, please explain and state your work-schedule obligations \_\_\_\_\_  
\_\_\_\_\_

Are you willing to work overtime if needed or required? ☐ Yes ☐ No

Can you travel, if required? ☐ Yes ☐ No If yes, what percentage of time? \_\_\_\_\_

## BUCHANAN'S NATIVE PLANTS IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are accepted and selection decisions are made without regard to race; sex; pregnancy, childbirth, and related medical conditions; national origin; color; religion; age; disability; genetic information; military status; citizenship status; or any other protected classes under federal, state, or local laws and 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.

*If you need an accommodation to complete this application or to participate in the application process, please notify Buchanan's Native Plants at (713) 861-5702 or ops@buchanansplants.com*

## THIS IS A DRUG-FREE WORKPLACE

## Tell Us About Yourself

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? \_\_\_\_\_

\_\_\_\_\_

What strengths would you bring to this position? \_\_\_\_\_

\_\_\_\_\_

Do you know anyone who works at Buchanan's Native Plants? ☐ Yes ☐ No If yes, who and how do you know the person? \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you legally eligible to work in the United States? ☐ Yes ☐ No (Proof of identity and employment authorization required upon hire.)

## Special Skills, Certifications, and Licenses

List any current industry certifications or licenses you have (e.g., OSHA-10, OSHA-30, spray foam certification, etc.) \_\_\_\_\_

\_\_\_\_\_

List any special skills or training you possess that is applicable to the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any foreign languages that you fluently speak, read, and/or write that would relate to working here \_\_\_\_\_

\_\_\_\_\_

## Prior Garden Center and Retail Experience

Tell us about any experience you have working in retail, specifically with direct customer service duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have experience in handling cash and working a cash register? ☐ Yes ☐ No If yes, how many years of experience \_\_\_\_\_

\_\_\_\_\_

Tell us about any experience you have working with plants, whether as a hobby or employed in a position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about any experience you have working in a landscaping or nursery position \_\_\_\_\_

\_\_\_\_\_

Are you able and willing to work in a variety of weather conditions, including hot weather in the summer months? ☐ Yes ☐ No

## Your Education

### Secondary Education

Do you have a H.S. Diploma or GED? ☐ Yes ☐ No

**Your Education** *(Continued)*

Postsecondary Education	Did You Graduate?	Total Number of Years Completed	Degree and Major	Name and Location of School
Trade/Vocational School	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Driver License and Record** *(Complete only if the position requires the use of a vehicle for work)*

Do you hold a valid and unexpired driver's license that is not currently suspended or revoked? ☐ Yes ☐ No

If yes, provide the state \_\_\_\_\_

Do you hold a valid and unexpired Commercial Driver's License (CDL) that is not currently suspended or revoked? ☐ Yes ☐ No

If yes, provide the state \_\_\_\_\_ and type: ☐ Class A ☐ Class B ☐ Class C

Have you received or been issued any citations for moving violation(s) in the last 5 years? ☐ Yes ☐ No

If yes, give date(s) and explanation for each \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tell Us About Any Records**

Have you ever been convicted of, received a sentence for, pled nolo contendere (no contest) to, been placed on probation for, or been 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. Do not disclose arrest records or juvenile, sealed, or expunged records. 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. In accordance with any applicable state or federal regulations, you may be required to provide copies of any criminal records. If you received a conviction that has been exonerated, please indicate this. If the conviction appears on your record, you may be required to provide documentation to establish that it was exonerated.

☐ Yes ☐ No 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 Your Past** *(Answering "yes" to any of these questions is not an automatic bar to employment)*

Have you ever been disciplined for or terminated from any job for a safety or drug-free workplace violation, an ethical breach, or an act of violence, harassment, discrimination, or theft?

☐ Yes ☐ No If yes, explain the circumstances, employer, and date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any license or certification suspended or revoked? (e.g., driver's license, CDL, professional industry certification, etc.)

☐ Yes ☐ 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** *(Include current and past service)*

Branch of Service	Dates of Service From:                      To:	Primary Position Held
List rank, duties, and special training and/or skills		

**Your Work History** *(Must be completed even when accompanied by resume) List most recent or current job first. Include any gaps in employment with a full explanation and dates. You must provide a complete work history. If more space is needed, request additional pages.*

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting (\$)	Final (\$)	
Supervisor's Name			State Reason  Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting (\$)	Final (\$)	
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Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
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Supervisor's Name			State Reason  Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>

  

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Address (City, State, Zip)			
	Phone		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting (\$)	Final (\$)	
Supervisor's Name			State Reason  Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>

**Agreement and Authorization**

I understand that submission of this application does not imply I will be hired.

The facts set forth above in my application for employment are true and complete. I understand that false statements, misrepresentations, and/or omission of information on this application (even if discovered after employment) may lead to dismissal or denial of employment.

I authorize the use of any information in this application to verify my statements and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

If required, I agree to submit to a drug and/or alcohol test prior to or after employment. If background checks are required, in accordance with the Fair Credit Reporting Act and any applicable state consumer reporting laws, I understand that I will receive a separate disclosure and additional documents to complete.

Employment at Buchanan's Native Plants is at will. This at-will relationship may not be altered by any written document, verbal statements, or conduct unless an authorized executive of Buchanan's Native Plants specifically acknowledges such change. I understand that my at-will employment may be terminated at any time for any or no reason by me or by Buchanan's Native Plants and includes no guarantee, contract, or promise of employment whatsoever for any specific period of time, or a guarantee of continuing employment. I understand that the first 90 days of employment is a new-hire introductory period.

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.  
 The author is not responsible for any unauthorized changes or omissions to the form.  
 September 2024