

VALLEY NURSERY INC

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APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION			DATE _____	
NAME: LAST	FIRST	MIDDLE		
PRESENT ADDRESS		CITY	ST	ZIP
PERMANENT ADDRESS		CITY	ST	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER?		YES	NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				
YES		NO		

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____ REFERRED BY _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEAR ATTENEDED	DID YOU GRADUATE
HIGH SCHOOL	_____		
COLLEGE	_____		
TRADE, BUSINESS	_____		
OR OTHER SCHOOLS	_____		

GENERAL

OBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: CIVIL, ATHLETIC, ETC: _____

ACTIVE MILITARY PRESENT OR CIVIL SERVICE _____ RANK _____ MEMBER OF NATIONAL GUARD _____

EMPLOYMENT HISTORY (LIST LAST POSITION FIRST)

DATE: MONTH/YEAR	NAME, PH # & CITY OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: LIST THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PH #	YEARS KNOWN
_____	_____	_____
NAME	PH #	YEARS KNOWN
_____	_____	_____
NAME	PH #	YEARS KNOWN
_____	_____	_____

IN CASE OF EMERGENCY, NOTIFY: NAME _____ PHONE NUMBER _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to Valley Nursery's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at the company's discretion. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company.

DATE _____ SIGNATURE _____

DO NOT WRITE IN THIS BOX				
INTERVIEWED BY _____		DATE _____		
REMARKS _____				
NEATNESS _____		ABILITY _____		
HIRED: YES	NO	POSITION	WAGE	START DATE