

VALLEY NURSEY INC.

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

PERSONAL INFORMATION DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE 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 _____
IF SO, MAY WE INQUIRE
ARE YOU EMPLOYED NOW? OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

GENERAL

OBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: CIVIC, ATHLETIC, ETC.: _____

ACTIVE MILITARY PRESENT OR CIVIL SERVICE RANK MEMBERSHIP IN NATIONAL GUARD OR RESERVES

EMPLOYMENT HISTORY

(LIST LAST POSITION FIRST)

DATE MONTH / YEAR	NAME, PHONE NUMBER, & 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: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	BUSINESS YEARS	KNOWN
1				
2				
3				

IN CASE OF EMERGENCY,
NOTIFY

NAME ADDRESS 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, omissions, 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 BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____
HIRED: YES NO _____ POSITION _____ WAGE _____ START DATE _____