



Application for Employment

An Equal Opportunity Employer

82 Wakefield Street, Rochester, NH 03867
603-332-4565 www.StudleyFlowerGardens.com

Date: _____

Personal Information

Name: _____
 Last First Middle Social Security #

Current Address: _____
 Street City State Zip

Email Address: _____ Phone #: _____

If you are under 18 and it is required, can you furnish a work permit ? If no please explain: _____

Are You legally eligible for employment in this country ? Yes: No: _____

Employment Desired

Position: _____ Date you are available to start: _____ Desired salary range / hourly: _____

Are you employed now ? If so may we contact your employer ? _____

Have you ever applied to this company before ? Yes: No: What position ? _____

Referred by: _____

Education

Education	School Name and Location	Years Attended	Did You Graduate?	Field of Study
Grammar School				
High School				
College				
Technical / GED				
Licenses / Certificates				

General

Subjects of special study or research: _____

Special skills you possess related to the position you are applying for: _____

List any job related organizations you belong to (professional or trade organizations): _____

U.S. Military or Naval Service: _____ Rank: _____ Dates: From: To: _____

Driving Record

(Answer only if driving is a requirement of the job for which you are applying)

Do you have a valid drivers license? Yes: No: State: License Number: _____

Have you had any tickets ? Yes: No: If yes please explain: _____

Has your license ever been suspended or revoked ? Yes: No: If yes please explain: _____

In the past five years do you have any DUI or DWI convictions ? Yes: No: _____

If yes please state when you were convicted and explain: _____

Employment History (Please complete for all full and part-time employment beginning with most recent)

Company Name:		Tel. #:	
Address:		Dates Employed:	From: To:
Name of Supervisor:	May We Contact ?	Rate of Pay	Start: Last:
State Job Titles and Job Duties:		Reason for Leaving:	

Company Name:		Tel. #:	
Address:		Dates Employed:	From: To:
Name of Supervisor:	May We Contact ?	Rate of Pay	Start: Last:
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State Job Titles and Job Duties:		Reason for Leaving:	

References (Please give the names and contact info. of three persons either scholastic, business, or work references not related to you, who you have known at least one year)

Name	Work Title / Relation to You	Phone	Years Acquainted

Please explain any gaps in your employment history other than those due to personal illness, injury or disability:

Have you ever been dismissed or forced to resign? Yes: No: If yes, please explain:

Did you receive any discipline in the last 12 months of active employment? Yes: No: If yes, explain:

Have you entered into an agreement with any other employer or other party that might restrict you from working for this company? Yes: No: If yes, please explain:

In case of emergency notify:

Name	Address	Phone No.
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"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements misrepresentations or omissions on this application shall be grounds for rejection of application or dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all info. concerning my prior employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing it. I understand and agree that, if hired, that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without prior notice with or without cause. I understand that I may be required to take job-related tests: a driver's test, submit to a background investigation, or take a pre-employment drug test. I understand If offered the job before tests are completed, my employment is contingent on satisfactory results of all required tests. I acknowledge that this application is valid 30 days from this date. After this time it is my responsibility to complete a new application for this position."

Signature: _____ Date: _____

The Company does not tolerate unlawful discrimination in its employment practices. The company is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, national origin, citizenship, age, disability, marital status or other protected status.