

EMPLOYMENT APPLICATION

A Tennessee Drug-Free Workplace

This application will remain on file for a minimum of 30 days.

Ooltewah Nursery is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or disability.

| PERSONAL DATA | | | | | | Application Date: | | | | | | | | | |
|---|--|----------|----------|------------------------------------|-----------|-------------------|-----------|----------------|--------|---------|------------------|----------|-----------------|--------|----|
| First Name: Middle Initial: Last Name: | | | | | | | | | | | | | | | |
| Are you 18 years of age or older? Yes No If No, what is your date of birth?/ | | | | | | | | | | | | | | | |
| Present | t addres | s (stree | t, city, | , state | :) | | | | | | | | | | |
| How lo | How long have you lived at this address? Phone: | | | | | | | | | | | | | | |
| Previous address: | | | | | | | | | | | | | | | |
| Job app | Job applied for: Type of Employment: ☐ Full Time ☐ Part Time | | | | | | | | | | | | Time | | |
| Rate of | pay exp | ected: | \$ | | per | | | _ Date | e ava | ilable | e to sta | rt: | | | |
| AVAILABILITY List below the hours you would be available to work each week. | | | | | | | | | | | | | | | |
| MON | MONDAY TUE | | SDAY \ | | WEDNESDAY | | THURSDAY | | FRIDAY | | PAY | SATURDAY | | SUNDAY | |
| From | То | From | То | F | rom | То | From | То | Fr | om | То | From | То | From | То |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Have yo | ou ever v | worked | for O | oltew | ah Nı | ursery? | ☐ Yes | □ N | o If | f yes, | when? | | | | |
| Have yo | ou ever ¡ | previou | sly su | bmitte | ed an | applica | tion to v | vork he | re? | □ Y | es [|] No | | | |
| Do you have any relatives or friends currently working for Ooltewah Nursery? Yes No | | | | | | | | | | | | | | | |
| If yes, who? And what is their relationship to you? | | | | | | | | | | | | | | | |
| - | | | - | | | | _ | | | _ | | | | | |
| Are you able to stand for extended periods of time? | | | | | | | | | | | | | | | |
| If hired, will you be able to submit verification of your legal right to work in the U.S.? Yes No | | | | | | | | | | | | | | | |
| Ooltewah Nursery participates in E-verify. | | | | | | | | | | | | | | | |
| LIST A | LL PRE | ESENT | AND | PAS' | TEM | IPLOYN | MENT B | EGINN | NING | WI7 | ГН ТНЕ | E MOST | RECE | NT. | |
| Name, Address, & Phone of the company | | From | То | Last position He Title & Duties | | eld | | Starting I pay | | ng Reas | ason for Leaving | | Supervisor Name | | |
| | | | | | | | | | | | | | | | |
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| PERS | ONAL REFERENCES Not | former employ | ers or rela | atives. | | | |
|---|--|--|--|--|---|--|--|
| Name a | and Address | | Оссі | Pho | Phone Number | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| EDUC | CATION | | | | | | |
| Level | School Name & Address | Course of | Years | Did you | Diploma or | GPA | Extracurricular |
| | | Study or Major | Attended | graduate | degree earned | | Activities |
| High School | | | | | | | |
| College | | | | | | | |
| Other | | | | | | | |
| BACK | (GROUND | -1 | • | 1 | I. | 1 | • |
| Have y | ou ever been counseled or disc | ciplined in a pri | or job for | cash hai | ndling violation | ns? | Yes No |
| - | rou ever been counseled, discip ment? | | | | | | discrimination, or se describe in full: |
| misder circum Specia You may | you ever been convicted of a felmeanor? Yes No *, astances may be considered. Il Accomplishments, Publication y choose to exclude information that we, or other similarly protected status, if | A Yes answer is ns, Awards, etc would reveal race, | not an a | utomations | bar to employ | ment ke us | . All individual to consider: |
| By my si provided eration thorize, informa tutions of stand the and pro- dures. A formation rights an informa me. I un from the am hire serves to required duration that no by the e vide pro- I-9 form whereby Homela | ignature below, I certify that all information of the application, or (2) immediately without reservation, Ooltewah Nurse without reservation, Ooltewah Nurse without reservation of the accuracy of and to otherwise verify the accuracy of the information supplied by me regressional licensing, motor vehicle record background check may be conducted on concerning my character, general and claims I may have regarding the entition in the employment process and adderstand that this application remains the employer, and still wish to be considered, I understand that I am free to resign he same right to terminate my employed by law. This application does not come in the information that no supervisor or implied oral or written agreements comployer's president or vice-president that you in this regard. I also understand that you information will be electronically and Security (DHS) systems. | mation I have prove, or misrepresent discharge me froi ry & Landscape Colling professional), empty and information professional, empty ard (s), residence had to verify the veropulation, personall other personas, is current for a minute any time, with a trangement at any time, mat any time, with the fore ord in the fore ord in the United the information I verified with the | vided is true ted in an releted in an its renployers, pure the engloyers of the engloy | , complete spect, will oyer's serve presentation blic agence me in this ory, educa references information ristics, and or orga O days. At be necess t cause an ithout cause tract for en er is authous ers langua m hired, I was that feden -9 form wi rity Admin | e and correct. I une be sufficient cause ice, whenever it is ive, employees, or ies, licensing auth a application, resultion, credit history may be utilized and without prior not submitted and vithe conclusion of ary to reapply and without prior not see and without prior and will be required to make any see al immigration lating its be used to start istration (SSA) and | e to (1) s discover agent porities, me, or y, crim s part of will be hereby king ga ishing s that til d fill ou bice, a ior not y speci y assur s they of pass of ws req a case d with | cancel further considuered. I expressly ausered. I expressly ausers to contact and obtain, and educational instigob interview. I undersinal history, medical of the processing proceutilized to develop interview and all thering, and using such such information about me, if I have not heard at a new application. If I nd the employer resice, except as may be fied period or definite rances to the contrary are in writing assigned a drug test, and to prouire me to complete and in the E-Verify program the Department of |
| | y that I have read, fully underst | • | | | | | |
| Signati | ure: | | | | บลเย: | | |