ph. 440-428-1277



f. 440-428-4036

info@northcoastperennials.com

		Title States Annual Ann			
•	day's Date: <u>EMPLOYMENT APPLICATION</u>			(Rev. 02/14/2023)	
	First Name:				
Address:		City:		State: Z	ip:
Home Telephone:		Cell Phone:			
Are you working now?	yes no If yes, can we ca	all you at work? yes no Work telep	phone:		
Position applying for:		Date Available:		Wage expected per h	r.: \$
Can you work over 40 hours	s per week? yes no	Can you work Saturdays? y	yes no		
Do you have reliable arrang	gements for attending work?	yesno			
Do you have nursery experi	ience? yes no If yes,	where?		How long were	e you there?
What were your duties there	ə?			Can you lift 50 lbs.? yes no	
EDUCATION					
TYPE OF SCHOOL		NAME & LOCATION		GRADUATED	DEGREE EARNED
				yes	
HIGH SCHOOL OR GED	Name				
	City	State	Country	no	
				yes	
COLLEGE OR TRADE SCHOOL	Name			,	
	City	State	Country	no	
	† •				
LICENSES YOU HAVE				 Date Issued	Renewal Date
HAVE	ISSUED BY			Dale 1990en	Kellewai Dale
	וספטבט פו				
MILITARY SERVICE	- <u></u>				
BRANCH OF SERV	ICE	TECHNICAL SPECIALIZATION	R	RANK ATTAINED	
<u>LEGAL</u>					
Are you authorized to	work in the US? yes no		_	_	
		e verified as required by the Immigration and Refo	form Act of 1986))	
Were you ever dischar	ged by any company? yes _	no			
Reason for discharge					
					_
Do you have a valid dr	iver's license? yes no	CDL? yes no (Only require	ed if essential fur	nction of job offered)	
Social Security # (Req	uested if offered a position)				

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for a	any time during this period that you were unemployed by stating the nature of your activities.
May we contact your present employer? yes no	Past employer? yes no Please indicate if you were employed under a different name.

DATES	NAME & AD	DRESS OF EMPLOYER	POSTION HELD & SUPERVISOR	LIST MAJOR DUTIES	REASON FOR LEAVING
FROM	Name		_		
Mo. Yr.			Job Title		
/	Address	City			
Mo. Yr.	State	Phone #	_ Supervisor		
FROM			_		
Mo. Yr.	Name		Job Title		
/	Address	City			
Mo. Yr.	State	Phone #	_ Supervisor		
FROM			_		
/_ Mo. Yr.	Name		Job Title		
TO	Address	City			
Mo. Yr.	State	Phone #	_ Supervisor		

REFERENCES

Business references. (do not list relatives) Please indicate if you were employed under a different name.

NAME	ADDRESS	WORK PHONE #	TITLE	YEARS KNOWN

PLEASE READ CAREFULLY

I understand that with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand also, that I am required to abide by all rules and regulations at North Coast Perennials.

I understand and agree that, if employed, the employment will be 'at will'. That is, either I or North Coast Perennials may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by North Coast Perennials does not imply employment and that this application and/or any other North Coast Perennials documents are not contracts of employment.

North Coast Perennials is an equal opportunity employer and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran status or disability.

Applicant's Signature	Date Signed