

## **Employment Application**

Full Name:	Social Security Number:					
Address:		City:		State:	Zip:	
Home Phone:	Mobile Phone:		Ema	ail:		
Have you ever worked for Oakridge Nursery?	□ Yes □ No	If yes, when?				
Are you legally allowed to work in the United S	tates?	□ No				
Do you have a valid drivers license?	□ No If yes	, please list your drivers	license number:			
		Education				
High School name:		Ci	ty:			
Did you graduate High School? ☐ Yes ☐ No	ı					
College/Technical School name:		Ci	ty:			
Please list your degree(s):						
Type of employment desired: ☐ Full-time	□ Part-time □ 1	<b>Availability</b> Temporary   Seasonal				
Are you available to work weekends?	'es □ No A	re you available to work	evenings? 🔲	Yes □ No		
Are there only certain days you would be able	to work? Please li	st if yes:				
Will you work overtime if scheduled? □ Yes	s 🗖 No					
When are you available to start?						

## **Previous Employment** (begin with most recent position)

Company		Position title:			
Company Address:		City:	State:	Zip:	
Company Address.		City.	state.	Σip.	
Phone:	Supervisor:		Date of employment: From	To	
Starting salary & title:	Ending salary & title:				
Responsibilities:					
Reason(s) for leaving:					
reason(s) for reaving.					
Company			Position title:		
Company			1 oblight die.		
Company Address:		City:	State:	Zip:	
Phone:	Supervisor:		Date of employment: From	/ To/	
	-				
Starting salary & title:	Ending salary & title:				
Responsibilities:					
Reason(s) for leaving:					

## **Areas of Interest**

Please check all that your are interested in:	☐ Landscaping Crew ☐ Nursery	☐ Perennials ☐ Annuals Other:			
Do you have experience in or with any of the	following? Check all that apply:				
☐ Planting trees or shrubs	☐ Driving a skid loader	☐ Identifying perennials			
☐ Installing brick pavers	☐ Running a cash register	☐ Driving a manual transmission			
☐ Identifying trees and shrubs	☐ Installing edging	☐ Reading a landscape			
☐ Watering plants	☐ Mulching with rock or wood mulch				
Additional Skills or Experience:					
☐ I have read and completed the above a	pplication to be true and correct to th	e best of my knowledge.			
Signature:	Date:/				