



8579 Columbia Road • Olmsted Falls, Ohio 44138

Phone 440/235-3252 • Fax 440/235-1945

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

**PERSONAL INFORMATION**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Under 18? YES \_\_\_ NO \_\_\_ If yes, age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Are You Related to anyone at Uncle John's Plant Farm? \_\_\_\_\_

If Yes, Name and Relationship: \_\_\_\_\_

Referred to Uncle John's Plant Farm by: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

State briefly why you are applying for this position:

\_\_\_\_\_  
\_\_\_\_\_

What characteristics do you feel you have that would be an asset to the position in which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you can start? \_\_\_\_\_ Desired Salary? \_\_\_\_\_

Full or Part Time? \_\_\_\_\_ Days & Hours Available: \_\_\_\_\_

Are you Currently Employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to Uncle John's Plant Farm before? \_\_\_\_\_ If so, when? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Years attended: \_\_\_\_\_ Graduated? \_\_\_\_\_

College/Trade School: \_\_\_\_\_

Please complete both pages 



8579 Columbia Road • Olmsted Falls, Ohio 44138

Phone 440/235-3252 • Fax 440/235-1945

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

**FORMER EMPLOYERS** *List below your last two employers, starting with most recent*

**Name/Address of Employer:**

\_\_\_\_\_  
\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Position & Salary:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Name/Address of Employer:**

\_\_\_\_\_  
\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Position & Salary:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**REFERENCES:** *Give below three personal references, not related to you, that you have known for at least a year*

	Name	Address	Business	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**IN CASE OF EMERGENCY CONTACT**

**Name, Address, Phone Number, and Relationship to you: Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **PH:** \_\_\_\_\_ **Address:** \_\_\_\_\_

I certify that all statements herein are true and understand that any falsification or willful omission shall be cause for dismissal or refusal of employment. I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, or related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested by me, and I release them from all liability for damage in providing this information. I consent to undergo any such medical examination as may be required. I understand that nothing contained in this employment application or in the granting of any interview is intended to create a contract between me and this Company for either employment or the provision of benefits; and further understand that if any employment relationship subsequently is established, I have the right to terminate my employment at any time and the Company has the similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Company unless made in writing and signed by me and an authorized representative of the Company understand that the Immigration and Control Act of November 6, 1986 requires me to prove my identity and eligibility to work, and that failure to provide such proof within a certain time period may legally force my termination.

REV. 3/14

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_