

3359 Kesson Rd. Phone: (419) 287-4679 P.O. Box 353 Fax: (419) 287-4161

Pemberville, OH 43450

Personal Information First Name Middle Initial Last Name Current Address City State **ZipCode Home Telephone Number** Other Telephone Number **Position Applying For:** Yes No

Valid Drivers License:

State Issued:

License Number:

Are you legally eligible for employment in the U.S.?

Are you 18 years of age or older?

Do you have any relatives currently employed by this company?

If yes, list name(s):

Answering "Yes" to the following question will not automatically bar you from employment.

Have you been convicted of a felony in the past seven (7) years?

Availability

Please indicate the days you are available to work in the section below.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Hours per week:

Recieved	Diploma?	Course	of Study
		Recieved Diploma? Course	
Yes	No		
City		State	ZipCode
Recieved Diploma? Course of Study			
Yes	No		
City		State	ZipCode
Recieved Diploma? Course of Study		e of Study	
Yes	No		
City		State	ZipCode
Type of C	ertification/Lice	nse Course	e of Study
City		State	ZipCode
	City Recieved Yes City Recieved Yes City	City Recieved Diploma? Yes No City Recieved Diploma? Yes No City Type of Certification/Licent	City State Recieved Diploma? Course Yes No City State Recieved Diploma? Course Yes No City State Type of Certification/License Course

Employment History

Begin with Last or F	Present Employer First. City	, State, and Telephone Numbe	rs are Require	d.	
Employer Name		Job Title	Superviso	Supervisor's Name	
Address		City	State	ZipCode	
Dates Employed					
to		May we contact employer	? Yes	No	
Reason For Leaving (Select One):	Resigned with Notice	Quit (No Notice)	Termi	nated	
If Terminated, Please State Reason:					
Major Duties Performed: (Limit 80 Characters)					
(======================================					
Employer Name		Job Title	Superviso	or's Name	
			·		
Address		City	State	ZipCode	
Dates Employed					
to		May we contact employer	? Yes	No	
Reason For Leaving (Select One):	Resigned with Notice	Quit (No Notice)	Termi	nated	
If Terminated, Please State Reason:	noongmou man noaco	quit (ito itolioo)			
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Major Duties Performed:					
(Limit 80 Characters)					
Employer Name		Job Title	Supervise	or's Name	
Address		City	State	ZipCode	
Dates Employed					
to		May we contact employer	? Yes	No	
Peacon For Leaving (Schoot One):	Posigned with Notice	Quit (No Notice)	Termi	natod	
Reason For Leaving (Select One): If Terminated, Please State Reason:	Resigned with Notice	Quit (No Notice)	rerini	iialeu	
ii ieiiiiiialeu, Fiease State Reasoll:					
Major Duties Performed:					
(Limit 80 Characters)					

It is the policy of North Branch Nursery, Inc., to provide equal employment opportunity for all applicants and employees. In all aspects of employment, including recruitment, hiring, training, promotion, demotion, transfer, layoff, termination, compensation, and benefits, the company is committed to treating all employees without regard to sex, race, color, gender, national origin, ancestry, citizenship, religious creed, age, physical or mental disability, medical condition, marital status, family status, veteran status, genetic characteristics, pregnancy or any other legally protected basis. The company prohibits discrimination and harassment of individuals on any of the basis listed above and any other basis protected by applicable federal, state or local law.

I understand that if I am offered a position with North Branch Nursery, Inc., the offer will be for employment on an at-will basis. That is, the employment relationship is not guaranteed for any specific period of time and may be ended by North Branch Nursery, Inc., or me at any time, with or without notice or cause. I understand that no North Branch Nursery, Inc., representative has the authority to rescind, cancel or modify the 'at-will' relationship without the express written approval of North Branch Nursery, Inc.'s President.

I understand that if an offer of employment is extended to me by North Branch Nursery, Inc., I hereby give North Branch Nursery, Inc., permission to request the preparation of an investigative consumer report that may include information relating to my criminal record and my character in connection with my application for employment. Should I become employed by North Branch Nursery, Inc., I hereby give North Branch Nursery, Inc., permission to request the preparation of such an investigative consumer report at any time during my employment. I understand that I have the right to request that North Branch Nursery, Inc., completely and accurately disclose the nature, scope, and results of the investigation requested. Such request must be made in writing to North Branch Nursery, Inc., Human Resources.

I understand that if I am offered a position with North Branch Nursery, Inc., I authorize North Branch Nursery, Inc., to contact my current and former schools, references, and previous employers to verify the information I have provided in the application and interview process as well as information as to my performance, attendance record and separation reason and I hereby release North Branch Nursery, Inc., its officers, directors, employees or agents and any such individuals, corporation or organizations who provide such information from any liability for claims for damages in relation to such contacts.

I understand that the Immigration Reform and Control Act of 1986 requires proof of authorization to be employed in the United States. Authorized documents must be presented by me within three days of the start of employment. Failure to present these documents may prohibit or end my employment with North Branch Nursery, Inc.

I certify that all of the information supplied by me on my application for employment is true and complete. I understand that false or incomplete statements herein, or in any interview, resume or other document supplied, are grounds for rejection of my application or dismissal any time after hiring.

Applicant Signature	Today's Date