

Application for Employment

PERSONAL INFORMATION

Applications will be kept on file for one year.

Last Name First Middle			Da	Date of Application			
Street Address				me Phone	Otl	ner Phone	
City	Sta	ite Zip					
Are you legally eligible for employment in the USA? YES NO				Are you available for full-time work? If not, what hours can you work?			
How long at present address?				Will you work overtime if asked? YES NO			
Have you ever been employed with Bergen's? If so, when?				Job Applying For Pay Expected			
Other special Training or Skills						When can you start?	
PERSONA	AL REFERE	ences					
Name, Address, and Phone				Name, Address, and Phone			
In case of emergency please contact Name					Emerge	ency Contact Phone	
EDUCATI	ON				J		
School	Name and Location	Course of Study	# of years Com- pleted	Did you Graduate?	Degree or Diploma		
High School							
Trade							
College							
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EMPLOYMENT RECORD Please give accurate, complete employment record. Start with present or most recent employer. Attach additional page if necessary. Company Name Telephone Address **Employed** From Supervisor Salary Start Last Job Title and Describe Work Performed Reason for Leaving Company Name Telephone Address **Employed** From Supervisor Salary Start Last Job Title and Describe Work Performed Reason for Leaving Company Name Telephone Address Employed From To Supervisor Salary Start Last Job Title and Describe Work Performed Reason for Leaving We may contact the employers listed unless you indicate those you do not want us to contact. Please do not contact: Reason: How did you learn of our organization? Referred by DL Newspapers Lakes Area Press Job Service Other "I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. Bergen's Greenhouses reserves the right to withdraw any job offer. I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. I authorize any physician or hospital to release any necessary information to determine my ability to perform the duties of my job either prior to tentative employment or in the future during employment with Bergen's Greenhouses." Date: Signature: