

COLONIAL CLASSICS

landscape & nursery

WELCOME! Colonial Classics, Inc. feels that the key to our past and future success lies in our people. That is why we make every attempt to hire good people, train them, listen to them, and help them become the very best in the industry.

Our Mission Statement: "TO PROVIDE A WORK EXPERIENCE THAT WILL ENABLE PEOPLE TO ACHIEVE THEIR FULL POTENTIAL AND OFFER THE BEST VALUE OF GOODS AND SERVICES TO BEAUTIFY OUR CUSTOMER'S ENVIRONMENT."

Thank you for your application. (PLEASE PRINT)

GENERAL INFORMATION:

DATE _____

Full Name: (Print) _____ Social Security # _____
LAST FIRST MIDDLE

Present Address: _____ Years at address? _____
NUMBER & STREET CITY STATE ZIP

Present Address: _____ Years at address? _____
NUMBER & STREET CITY STATE ZIP

Phone Number: _____ Are you legally eligible to be employed in the US? ☐ Yes ☐ No

Were you a member of the U.S. Armed Services? ☐ Yes ☐ No Which Branch/Rank? _____

Present member in National Guard or Reserves? ☐ Yes ☐ No Dates of Enlistment: From: _____ To: _____

Have you EVER been convicted of a felony OR serious misdemeanor? ☐ Yes ☐ No If Yes, explain: _____

Are you 18 years of age or older? ☐ Yes ☐ No Driver's Licenses # _____ State _____ Exp. Date: _____

Would you agree to a urinalysis for narcotics/alcohol detection? ☐ Yes ☐ No

(EVERYONE IS REQUIRED TO PASS THE DRUG TEST PRIOR TO BEGINNING EMPLOYMENT)

DESIRED EMPLOYMENT:

What position are you interested in? _____ Salary Desired: _____

Are you employed now? ☐ Yes ☐ No If YES, may we contact your present employer ☐ Yes ☐ No

Have you ever applied at Colonial before? ☐ Yes ☐ No If YES, When: _____

What interest you in Colonial? _____

AVAILABILITY:

Total hours available per week: _____ Date you can start: _____

Do you have transportation? ☐ Yes ☐ No How far do you live from the store? _____

HOURS AVAILABLE:

	MON.	TUE.	WED.	THR.	FRI.	SAT.	SUN.
From:							
To:							

REFERENCES:

Give the names of three persons NOT related to you, whom you have known AT LEAST one year.

1. Name:	Phone Number:	Years Acquainted:
Address:	Business:	
2. Name:	Phone Number:	Years Acquainted:
Address:	Business:	
3. Name:	Phone Number:	Years Acquainted:
Address:	Business:	

EDUCATION:

	<u>Graduated?</u>		<u>Number of Years Completed</u>	<u>Major</u>
High School	YES	NO		
College	YES	NO		
Other	YES	NO		
Extracurricular Activities:				
Area of special interest or research study:				

WORK EXPERIENCE:

(If not applicable, list U.S. Military or work performed on a voluntary basis)

Company #1 (Present or Most Recent Employer)				
Address:		Phone:	Supervisor's Name:	
Date of Employment (Month & Year):	From:	To:	Beginning Salary:	Ending Salary:
Position Held:	May we contact this employer?		YES	NO
Job Duties:			Average hours worked per week:	
Reason for Leaving:				
Company #2				
Address:		Phone:	Supervisor's Name:	
Date of Employment (Month & Year):	From:	To:	Beginning Salary:	Ending Salary:
Position Held:	May we contact this employer?		YES	NO
Job Duties:			Average hours worked per week:	
Reason for Leaving:				

IN CASE OF EMERGENCY NOTIFY:

Name:	Relationship:
Address:	Phone:

It is Colonial Classics' policy that every applicant be treated fairly without regard to race, creed, sex, age disabilities, religion or national origin

I understand I am applying for employment which can be terminated at will by either myself or Colonial at any time and that nothing contained in any manual, brochure, or other Colonial materials shall constitute an implied contract for employment. No Colonial representative has the authority to make any contrary agreement.

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with Colonial's policy. I authorize the references listed to give Colonial's representative any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Colonial.

Signature: _____ Date: _____

IF FORM IS NOT FILLED OUT COMPLETELY, YOUR APPLICATION WILL BE CONSIDERED INVALID