

CASHMAN NURSERY

PRE-EMPLOYMENT QUESTIONNAIRE

Name _____ Date _____
 Address _____ Phone # _____
 City & State _____ Social Sec. # _____

GENERAL INFORMATION

Are you 18 years of age or older? _____ If no, give age: _____
 Are you a U.S. Citizen? _____
 Have you ever quit or been discharged from any job on account of misconduct or unsatisfactory service? _____ If yes, explain: _____
 Name of person to notify in emergency: _____ Phone: _____

EMPLOYMENT HISTORY (most recent first)

Name & address of company	From (Mo./Yr.)	To (Mo./Yr.)	Describe Work	Salary	Reason Left	Supervisor

EDUCATION

School	Address	Degree	Dates Attended From To
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Name	Address	Phone #	Explain
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to work for Cashman Nursery? _____

(over)

PHYSICAL CONDITION

Describe present state of health: _____

Do you have any physical handicaps or limitations which may affect your job assignment or performance in any way? _____

If yes, explain in detail: _____

Do you smoke? _____

Do you have a history of using illegal drugs or narcotics? _____

Are you willing to undergo a pre-employment physical exam? _____

JOB SKILLS

(check appropriate items)

Manual labor

Field work in agriculture

Operate farm machinery

Mechanical maintenance and repair

Carpentry

Supervision of labor

Landscape design

Nursery work: List _____

Gardening & landscape work

Administrative

Sales

Other _____

AVAILABILITY FOR WORK

(check appropriate items)

Full time?

Part time? Hours _____

Seasonal? From (date) _____ to (date) _____

Position for which you are applying? _____

What is your minimum salary requirement? _____

Date available to start work: _____

Are you willing to work evenings? _____ Weekends? _____

AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWING NOTES

ACTIVE

INACTIVE

Comments:

Starting Date: _____

Job Description: _____