



Greenstreet Growers, Inc. DBA Greenstreet Gardens

EMPLOYMENT APPLICATION

*PLEASE WRITE LEGIBLY

OFFICE USE ONLY:

Date received: _____

Reviewed by: _____

Wage: _____

DATE OF APPLICATION: _____

Name: _____

Last

First

Middle

Maiden

Present address: _____

Number

Street

City

State

Zip

How long at current address: _____

Cell phone: _____ Alternative phone: _____ Email address: _____

Do you text? Yes No

Are you a: Smoker Non-Smoker? (Please check one)

Are you under age 18? YES NO, if "YES", can you provide proof of your eligibility to work? YES NO

**If yes, you will need to acquire a Work Permit before you can start work.*

If you are a high school student, what extracurricular activities are you involved in _____

Which store locations are you willing to work at? Lothian, MD Quaker Lane/Alexandria Del Ray

Are you currently authorized to work in the United States? YES NO

Proof of eligibility will be required, if hired.

Position applied for: _____

Referral Source: Ad Source _____ Internet Walk-in Agency Referral _____ Other: _____

Wage desired: _____

How many hours can you work weekly? _____ Preferred Days & Hours to work: _____

Employment desired? FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

When are you available to start? _____

Have you ever filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from being employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status I-9 will be required upon employment.)

OFFICE USE ONLY:

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR/DEGREE | YEAR GRADUATED |
|----------------------|----------------|----------|---------------------------|--------------|----------------|
| High School | | | | | |
| | | | | | |
| College | | | | | |
| | | | | | |
| Bus. or Trade School | | | | | |
| | | | | | |
| Professional School | | | | | |
| | | | | | |

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? Yes No

A Conviction record will not necessarily disqualify you from employment.

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

GARDEN CENTER

Willingness Checklist for Garden Center Applicants Only

Part of the activities required to maintain and operate a garden center involve duties or tasks that are often overlooked when describing a specific job. Please indicate your level of willingness to perform these tasks and duties by placing an "X" on the appropriate line.

Would you be willing to:

- | | YES | NO | MAYBE |
|---|------------------------------|-----------------------------|--------------------------------|
| 1. Greet & approach all customers with a smile? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 2. Ask questions if you are ever unsure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 3. Restock displays throughout the day? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 4. Load bags of mulch and soil into vehicles? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 5. Clean the bathroom, windows & glass? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 6. Sweep and mop the floors, walkways, etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 7. Uphold a no smoking policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 8. Climb and work using the safety procedures? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |
| 9. Stand on your feet long periods of time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> MAYBE |

Signature: _____ Date: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE ABOVE

DRIVING

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number: _____ State of issue: _____

Operator Commercial (CDL) Chauffeur Expiration Date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

COMPUTER SKILLS

List all programs you have knowledge of:

Are you active on social media? What social media accounts do you have?

CHECK ALL THAT APPLY:        

Please list any others: _____

EMPLOYER REFERENCES

Please list two former or current employer references, preferably a supervisor - **No relatives**. (Even if this is your first job, please list any odd job employers such as babysitting, house sitting, grass cutting, etc.)

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: (____) _____

Telephone: (____) _____

In the space provided, please explain: Why are you applying for a job at Greenstreet Growers?

MILITARY

Have You Ever Been In The Armed Forces? Yes No

Are You Now A Member Of The National Guard? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

WORK EXPERIENCE

(ONLY FILL THIS OUT IF YOU DO NOT HAVE A RESUME)

Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. *(Attach additional sheets if necessary.)*

.....

Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

.....

Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

(Please - Attach additional sheets if necessary.)

WORK EXPERIENCE (Additional sheets if necessary.)

(ONLY FILL THIS OUT IF YOU DO NOT HAVE A RESUME)

Name of Employer: _____ Name of last Supervisor: _____

Address: _____ Employment Dates: _____ From: _____

City, State, Zip: _____ Pay or Salary: Start: _____ Final: _____

Phone Number: _____ Your last job title: _____

Reason for leaving? (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

_____ May we contact this employer? Yes No

Name of Employer: _____ Name of last Supervisor: _____

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