

Schilling's Garden Market

64640 Old Bend Redmond Hwy
Bend, OR 97703
541.389.8474

EMPLOYMENT APPLICATION

Date: _____

This application must be completed in its entirety, but its receipt does not imply that the applicant will be employed. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. An offer of employment, if tendered, is contingent upon the results of a drug test. This application will expire six months from the date of submission.

Personal Information:

Name: _____				
	Last	First	Middle	
Address: _____				
	Street	City	State	Zip
Telephone Home: () _____		Social Security No: _____		
Telephone Cell: () _____		E-mail: _____		
Previous Address: (If less than one year at current address) _____				

Other Names you have used: _____				
In Case of Emergency, notify:				
Name: _____		Address: _____		
Telephone: Work () _____		Home () _____		
Position Desired: _____		Salary Desired: _____		
Are you applying for: Temp Work Summer/Holiday Regular Full Time Regular Part Time				
How did you hear about this position? _____				
Who do you know that works for Schilling's Garden Market? _____				
Have you worked for Schilling's Garden Market before? (If yes, give dates) _____				
Y=YES/N=NO				
Are you at least 18 years of age or older?				<u>Y/N</u>
Are you legally eligible to be employed in the United States?				<u>Y/N</u>
Do you have a valid driver's license?				<u>Y/N</u>
Have you given your current employer notice of termination?				<u>Y/N</u>
May we contact your current employer?				<u>Y/N</u>
Have you been convicted of a crime other than a minor traffic violation in the last 7 years? If yes, explain below.				<u>Y/N</u>

References:

	Name	Contact Information, Phone and Email
1.	_____	_____
2.	_____	_____
3.	_____	_____

Employer Employment History: (Most recent to oldest)**

Name/Address	Supervisor	From	To	Duties	Reason for Leaving
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Education:

Type	School Name/Location	Major	Last Year Completed	Graduate Yes/No	Degree
High School	_____	_____	9 10 11 12	_____	_____
Junior College	_____	_____	1 2	_____	_____
Tech School	_____	_____	1 2	_____	_____
4 yr College	_____	_____	1 2 3 4	_____	_____
Apprenticeship	_____	_____	1 2 3 4	_____	_____
Other (Specify)	_____	_____	1 2 3 4	_____	_____

Safety Training:

List any special courses, seminars, training and job-related skills and qualifications that would enable you to perform the position for which you are applying _____

Check each certificate that you hold and provide expiration date, if known.

- | | |
|---|--|
| <input type="checkbox"/> Heavy Equipment Expires: _____ | <input type="checkbox"/> OSHA 10 Hour Expires: _____ |
| <input type="checkbox"/> Crane Safety Expires: _____ | <input type="checkbox"/> OSHA 30 Hour Expires: _____ |
| <input type="checkbox"/> Forklift Expires: _____ | <input type="checkbox"/> First Aid Expires: _____ |

List any professional, trade, or business organizations to which you are affiliated, that deal with the position for which you are applying. _____

Skills and Qualifications:

Please indicate your proficiency in the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Excel _____ | <input type="checkbox"/> Word _____ | <input type="checkbox"/> Outlook _____ |
| <input type="checkbox"/> MS Project _____ | <input type="checkbox"/> Powerpoint _____ | <input type="checkbox"/> Publisher _____ |
| <input type="checkbox"/> Rapid PO _____ | <input type="checkbox"/> Other (specify) _____ | |

Employment Disclosure

Submitting this application certifies that my answers to the foregoing questions are **COMPLETE AND TRUTHFUL** and that I understand that providing false or materially incomplete information will result in the refusal of employment, or, if I am hired, termination of my employment if discovered after the date of hire.

I hereby authorize Schilling's Garden Market. to investigate my background, references, employment history, criminal background, and education. I also understand and agree that any employment that may be offered to me is at will, that it is for no specified period of time, and may be terminated by me or employer at any time without prior notice, and for any reason.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date, nature, any significant details, circumstances and relevance to the position(s) applied for may, however, be considered.

_____ Date _____ Print Name _____ Applicant Signature _____