



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4. DATE \_\_\_\_\_
Name \_\_\_\_\_
Last First Middle Maiden
Present address \_\_\_\_\_
Number Street City State Zip
How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Telephone ( ) \_\_\_\_\_
If under 18, please list age \_\_\_\_\_
Position (s) applied for (1) \_\_\_\_\_ Days available to work:
(2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_
Mon \_\_\_\_\_ Fri \_\_\_\_\_
Tue \_\_\_\_\_ Sat \_\_\_\_\_
Wed \_\_\_\_\_ Sun \_\_\_\_\_
How many hours can you work weekly? \_\_\_\_\_ Can you work evenings? \_\_\_\_\_
Employment desired [ ] FULL-TIME ONLY [ ] PART-TIME ONLY [ ] FULL- OR PART-TIME
When available for work? \_\_\_\_\_

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), NUMBER OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [ ] No [ ] Yes
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.

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? \_\_\_\_\_

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<b>OFFICE ONLY</b>					
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing _____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other	_____	
			Skills	_____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone ( ) _____	Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

<b>MILITARY</b>		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

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

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	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.			

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	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.			

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Risse Greenhouse, LLC, I agree that:

If employed, I understand that Risse Greenhouse, LLC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. Both the undersigned and Risse Greenhouse, LLC may end the employment relationship at any time, without specified notice or reason.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Risse Greenhouse, LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Risse Greenhouse, LLC from any liability as a result of such contact.

I also understand that (1) Risse Greenhouse, LLC has a drug and alcohol policy; (2) consent to and compliance with such policy is a condition of my employment.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Risse Greenhouse, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Risse Greenhouse, LLC depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.