



Application for Employment

Today's Date

Your Personal Information

Name _____
Last *First* *Middle*

Address _____
City *State* *Zip Code*

Home Phone _____ Cell Phone _____

Email Address _____

Preferred Method of Contact: Home Phone Cell Phone Email
 Other _____

Your Emergency Contact

In case of an emergency, I authorize you to contact:

Name _____ Phone Number _____

ALL QUESTIONS MUST BE ANSWERED
STATE "N/A" IF QUESTION IS NOT APPLICABLE

WATTERS GARDEN CENTER IS AN EQUAL OPPORTUNITY EMPLOYER

Applications are accepted and selection decisions are made without regard to race, sex (including sexual orientation, gender expression, and gender identity), pregnancy (including childbirth and related medical conditions), national origin, color, religion, age, disability, genetic information, military status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

THIS IS A DRUG-FREE WORKPLACE

Tell Us About Yourself (You must answer every question on this application. If a question does not apply, put "N/A." Please print.)

What position are you applying for? _____

What is your wage expectation? \$ _____ When can you start work? (Date) _____

How were you referred to us? _____
(If you were referred by a person, please provide the name)

Have you completed an application here before? Yes No If yes, date/location _____

Have you been employed here before? Yes No If yes, date/position/location _____

Are you available to work (Check any that apply): Full-time Part-time Temporary Weekends

Are there any days or times during the week that you are not available to work? Yes No

(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)

If yes, please list the days/times you are not available to work _____

Are you willing to work overtime? Yes No Do you have steady transportation to work? Yes No

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain _____

Why do you want to work for Watter Garden Center? _____

Are you legally eligible to work in the United States? Yes No (Proof of identity and employment authorization required upon hire)

What three things are most important to you in a job? (1) _____ (2) _____ (3) _____

What three adjectives best describe you? (1) _____ (2) _____ (3) _____

What type of work do you most enjoy? _____

Tell Us About Your Special Skills and Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company _____

List any professional, trade, business, or civic activities or offices held that would relate to working here _____

List any foreign languages that you fluently speak, read, and/or write that would relate to working here _____

Your Educational Background

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Tell Us About Your Driving Record (Necessary for positions that may require use of a personal or company vehicle for work)

Do you hold a valid and unexpired driver's license that is not currently suspended or revoked? Yes No

If yes, provide the state _____

Have you been convicted of any moving violation(s) in the last 5 years? Yes No

If yes, give date(s) and explanation of each _____

Tell Us About Any Records

Have you ever been convicted of, received a sentence for, pled nolo contendere (no contest) to, been placed on probation, or fined by any judicial or quasi-judicial body for a crime, other than a minor traffic violation?

NOTE: Answering "yes" to this question is not an automatic bar to employment. Arrest records and juvenile, sealed, and expunged records should not be disclosed. Any other criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records.

Yes No If yes, describe the details of the conviction/offense, the sentence for the conviction/offense, the date of the conviction/offense (month and year), and your rehabilitation since then:

Your Military Service

Branch of Service	Rank at discharge, if applicable	Dates of Service From: To:
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List Duties and Special Training and/or Skills

Tell Us About Your Past (Answering "yes" to any of these questions is not an automatic bar to employment.)

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach, violation of a drug-free workplace policy, or theft?

Yes No If yes, explain the circumstances, employer, and date _____

Have you ever had any license or certification suspended or revoked? (e.g., , driver's license, CPA, etc)

Yes No If yes, list the license(s) or certification(s) suspended or revoked and state when and why the license or certification was suspended or revoked. _____

Your Work History

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address <i>(City, State, Zip)</i>			
	Phone <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address <i>(City, State, Zip)</i>			
	Phone <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address <i>(City, State, Zip)</i>			
	Phone <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name

Employer	Dates Employed		Summary of Work Performed and Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
	Phone <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name
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Address (City, State, Zip)			
	Phone <i>(Include Area Code)</i>		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
State Reason Resigned <input type="checkbox"/> OR Terminated <input type="checkbox"/>			Supervisor's Name

Agreement and Release

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) may lead to dismissal or denial of employment. If required, I agree to submit to any drug or alcohol testing prior to or after employment. I understand that submission of this application does not imply I will be hired.

I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted and I am hired, employment at Watters Garden Center is "employment at will." It is further understood that this at-will relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of Watters Garden Center specifically acknowledges such change. I further understand that my at-will employment may be terminated at any time by me or by Watters Garden Center and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant _____ Date _____

State and/or federal regulations are subject to change at any time; therefore, the questions on this form are subject to exceptions and qualifications. The author does not bear responsibility for ensuring this form is up to date and compliant with state, federal, or local employment regulations. If in doubt, seek assistance from a qualified expert. Also, the author is not responsible for any unauthorized changes or omissions to the form.
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