Employment Application

Fiddleheads Garden Center

BASIC INFORMATION

First Name:	Last N	lame:	
Why are you seeking	hy are you seeking employment at Fiddleheads?		
Date of Birth:			
Gender:			
Address:			
Zip Code:	_ City:	State:	
Phone:			
Email:			
Social Security Numb	er:		
Are you a United Stat	es citizen?		
If not, are you authori	zed to work in the Ur	nited States?	-
Have you ever been o	onvicted of a felony?		
Have you ever worked	d for this company be	efore?	
Are you looking for pa	art time or full time? _		
What date are you ab	le to start?		
What days/hours are	you able to work per	week?	
NAME - 4 1			
What is your availabil	ry on Saturdays?		

EDUCATION

Did you graduate high sc	hool?		
If so, when and where did	d you grad	luate?	
Did you graduate college			
If so, when and where did	d you grad	luate?	
What was your degree? _			
Any other form of educat	ion?		
References			
Reference Number 1			
Company:			
First Name:		Last Name:	-
Address:			
Zip Code:	City:		State:
Phone Number:			
Relationship:			
Reference Number 2			
Company:			
First Name:		Last Name:	-
Address:			
Zip Code:	City:		State:
Phone Number:			
Relationship:			
Reference Number 3			
Company:			
First Name:		Last Name:	
Addross:			

Zip Code:	City:	State:
Phone Number:		
Relationship:		
Militani		
Military		
Branch:		
Dates Served:		
Rank at Discharge:		
Type of Discharge (pl	ease circle one):	
A. Entry Level Se		
B. Officer Discha	_	
C. DishonorableD. Bad Conduct	•	
E. General Disch	<u> </u>	
F. Honorable Dis	•	
G. Other Than H	onorable Conditions I	Discharge
If other than honorab	ole, explain:	
Personal Informa	ation	
Emergency Contact		
	Last N	ame:
Phone Number:		
Relationship:		
Allergies:		
Other medical inform	nation which should be	e known:

Previous Employers

Frevious Employer Number 1	
Company Name:	
Phone:	
Address:	
Supervisor:	
Job Title:	
Starting Salary:	Ending Salary:
Responsibilities:	
Starting Date:	Ending Date:
Reason for Leaving:	
May we contact this employer?	
Previous Employer Number 2	
Company Name:	
Phone:	
Address:	
Supervisor:	
Job Title:	
Starting Salary:	Ending Salary:
Responsibilities:	
Starting Date:	Ending Date:
Reason for Leaving:	
May we contact this employer?	
may we contact this employer.	
Previous Employer Number 3	
Company Name:	
Phone:	
Address:	

Supervisor:	
Job Title:	
Starting Salary:	
Responsibilities:	
Starting Date:	Ending Date:
Reason for Leaving:	
May we contact this employer? _	