



1710 PERRYSBURG HOLLAND RD
HOLLAND, OH 43528

(419) 865-6566 info@hoensgardencenter.com

EMPLOYMENT APPLICATION



We are an Equal Opportunity Employer

All qualified applicants will receive consideration for employment without regard to their race, color, national origin, sex, age, religion, disability, sexual orientation or any other characteristic protected by applicable Federal, State, or local laws.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	TODAY'S DATE
PRESENT STREET ADDRESS		UNIT#	HOME PHONE ()
CITY, STATE, ZIP CODE			CELL PHONE ()
EMAIL ADDRESS			
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY US? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , when? For what position?			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No (Authorization and proof of identity required)			
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>no</i> , provide date of birth:			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , please explain:			
HOW DID YOU FIND OUT ABOUT US? <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Friend/Family <input type="checkbox"/> Road Sign <input type="checkbox"/> Web Search Engine <input type="checkbox"/> Social Media <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> School/University <input type="checkbox"/> Other (<i>Specify</i>)			
IN CASE OF EMERGENCY, CONTACT LAST NAME	FIRST	MIDDLE	RELATION
PRESENT STREET ADDRESS		UNIT#	PHONE NUMBER ()

EMPLOYMENT DESIRED

POSITION APPLIED FOR	HOURLY WAGE EXPECTED \$					
DAYS AND SHIFTS AVAILABLE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal/Temporary						
Sunday Hours	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours
HOURS/NUMBER OF DAYS PER WEEK DESIRED			WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DATE AVAILABLE TO START WORK	ARE YOU AQUAINTED WITH ANYONE WHO WORKS FOR HOEN'S GARDEN CENTER? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , name(s):					

SKILLS

FOR SALES APPLICANTS: WHAT TYPE(S) OF MERCHANDISE HAVE YOU SOLD?

GREENHOUSE DUTIES YOU HAVE PERFORMED (Transplanting, Landscaping, Cashier, etc.)

LIST ANY OTHER SPECIAL TRAINING OR SKILLS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

EDUCATION

HIGH SCHOOL NAME	YEARS COMPLETED From To	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>no</i> , why?
COLLEGE NAME	YEARS COMPLETED From To	DID YOU GRADUATE? DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER	YEARS COMPLETED From To	DID YOU GRADUATE? DEGREE <input type="checkbox"/> Yes <input type="checkbox"/> No

PRESENT OR MOST RECENT EMPLOYER

NAME OF EMPLOYER	TELEPHONE NUMBER ()
STREET ADDRESS	DATES EMPLOYED From To
JOB TITLE	SUPERVISOR'S NAME
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	REASON FOR LEAVING
STARTING SALARY/WAGE \$	FINAL SALARY/WAGE \$
DESCRIPTION OF YOUR RESPONSIBILITIES	

SECOND MOST RECENT EMPLOYER

NAME OF EMPLOYER	TELEPHONE NUMBER ()
STREET ADDRESS	DATES EMPLOYED From To
JOB TITLE	SUPERVISOR'S NAME
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	REASON FOR LEAVING
STARTING SALARY/WAGE \$	FINAL SALARY/WAGE \$
DESCRIPTION OF YOUR RESPONSIBILITIES	

REFERENCES

Please provide three business references that are not personally related to you. If you do not have any employment related references, please list individuals who can comment on your work skills.

FULL NAME (1)	TELEPHONE NUMBER ()	RELATIONSHIP
COMPANY	ADDRESS	
FULL NAME (2)	TELEPHONE NUMBER ()	RELATIONSHIP
COMPANY	ADDRESS	
FULL NAME (3)	TELEPHONE NUMBER ()	RELATIONSHIP
COMPANY	ADDRESS	

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either this application or during the pre-hire process will be sufficient reason for (1) my not being offered employment; or (2) dismissal at any time from the service of the company if employed. I also understand and agree that employment is subject to my taking a physical examination directly related to the job requirements from a physician, and that in his/her opinion I must be physically and mentally able to perform the work for which I am being considered.

I authorize my former employers to provide the employer any information regarding my employment and medical records, including and in addition to the above, and I release all parties from any liability for any damages which may result from furnishing such information. I also agree to permit the employer to conduct any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed. I also understand and agree that my employment, compensation and hours of work are for no definite period and may, regardless of the time and manner of payment on my wages and salary, be terminated at any time by me or the employer, with or without cause, and without any previous notice. I also understand and agree that the employer has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no representative, other than the employer, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the forgoing, unless that agreement is in writing and signed by the employer.

WEB: WWW.HOENSGARDENCENTER.COM
EMAIL: INFO@HOENSGARDENCENTER.COM
PHONE: (419) 865-6566
FAX: (419) 865-5040

APPLICANT SIGNATURE _____

DATE _____