



**APPLICATION FOR EMPLOYMENT**

**GENERAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DRIVER'S LICENSE #:

SOCIAL SECURITY NUMBER:

ADDRESS:

PHONE:

ARE YOU UNDER 18? YES \_\_\_\_\_ NO \_\_\_\_\_

IF 'YES' CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK?

YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION(S) APPLYING FOR:

HOW MANY HOURS CAN YOU WORK WEEKLY:

WHAT DAYS ARE YOU AVAILABLE TO

WORK: \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO START

WORK: \_\_\_\_\_

**EMPLOYMENT HISTORY**

CURRENT EMPLOYER:

DATES EMPLOYED (MONTH/YEAR): FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS/PHONE:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

CURRENT PAY RATE:

DESCRIBE WORK (JOB TITLE, SPECIFIC DUTIES, RESPONSIBILITIES, ETC.):

MAY WE CONTACT YOUR CURRENT EMPLOYER/SUPERVISOR? YES \_\_\_\_\_  
NO \_\_\_\_\_

PAST EMPLOYER:

DATES EMPLOYED (MONTH/YEAR): FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS/PHONE:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

PAY

RATE:

DESCRIBE WORK (JOB TITLE, SPECIFIC DUTIES, RESPONSIBILITIES, ETC.):

PAST EMPLOYER:

DATES EMPLOYED (MONTH/YEAR): FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS/PHONE:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

PAY

RATE:

DESCRIBE WORK (JOB TITLE, SPECIFIC DUTIES, RESPONSIBILITIES, ETC.):

**EDUCATION & TRAINING**

HIGH SCHOOL GRADUATE? YES \_\_\_ NO \_\_\_

List other schools of training: name, location, dates attended, major(s), degree(s)

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SPECIAL QUALIFICATIONS OR SKILLS THAT SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATION FOR EMPLOYMENT. PLEASE OMIT ANY INFORMATION THAT WOULD DISCLOSE YOUR RACE, GENDER, AGE, MARITAL STATUS, ETHNIC ORIGIN, RELIGIOUS OR POLITICAL AFFILIATIONS, OR DISABILITY:

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REFERENCES OTHER THAN RELATIVES (2-3): INCLUDE NAME, ADDRESS AND TELEPHONE:

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**Please attach a resume if available.**



**APPLICATION FORM WAIVER  
PLEASE READ CAREFULLY**

In exchange for the consideration of my job application by Dwyer Greens & Flowers, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any rights to remain an employee by Dwyer Greens, or otherwise to change in any respect the employment-at-will relationship between it and the Owner/Managing Member of the Company. Both the undersigned and Dwyer Greens may end the employment relationship at any time, without specified notice or reason.

If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

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 the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

AS INDICATION THAT YOU HAVE READ AND UNDERSTOOD EACH SENTENCE,  
PLEASE PRINT YOUR NAME AND SIGN IN THE SPACES PROVIDED BELOW

PRINTED NAME \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE \_\_\_\_\_

Dwyer Greens & Flowers is an equal employment opportunity. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Dwyer Greens depends solely on your qualifications.

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

**4730 C.R. 335**  
**P.O. Box 975**  
**New Castle, CO 81647**  
**Phone: 970-984-0967**  
**Fax: (970) 984-0670**  
**E-mail: lynn@dwergreens.com**