2010 Fox Creek Road Bloomington, IL 61701 (309) 828-4580 (309) 827-0522 (fax) niepagen@gmail.com

Wendell Niepagen Greenhouses, LLC

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. All qualified applicants are considered for positions without regard to race, color, national origin, religion, ancestry, age, creed, sex, sexual orientation, marital status, veteran status, disability, or other protected statuses. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related

Last Name	First Name	Preferred Phone #	Email
Present Address	City	State	Zip
Are you able to work both Are you willing to work ov	Saturday and Sunday vertime? Yes No		
Annuals	Cashie		Driver (Deliveries)
Perennials	Nurse	ry (Shrubs, Trees & Roses)	Store Support (Carry out)
Foliage/Houseplants	Tropic	eals	Water Gardening
Vegetable/Herb Gardeni	ing Teach	ing Classes	Stocking Plants
Other: Please List			

AILADILII I;	MON	TUES	WED	THUR	FRI	SAT	SUN
om (start time)							
(end time)							
Do wow wood on	dava affir	. the month of	Mary if an arch	9			
o you need an	y days om m	i the month of	May; II so, who	en?			
If employed,	do you expe	ect to be engaged	in any additiona	al employment or	itside of our job	? Yes No	
If yes, give d	etails:						
DRIVER P	OSITION	ONLY:					
Are you at lo	east 21 vears	of age and have	a valid driver's	license? Yes	No		
•	•	_		icenseS		1	
Describe typ	oes and size o	of trucks you've	previously drive	en:			
Have you ha	d your drive	r's license suspe	nded or revoked	in the last 3 year	rs? Yes N	0	
If yes, give	details:						
	and Addres	ss of Schools At	ttended # of Ye	ars Diploma/Deg	ree/Cert Major/	Subject	
List Name							
	l or GED:						
High School							
High School	niversity:						

PREVIOUS EMPLOYMENT

LIST YOUR EMPLOYMENT HISTORY BEGINNING WITH YOUR CURRENT OR LAST EMPLOYER

Employer	Telephone number	Address (Street, City, State)		
Title of Your Position	Date Started	Date Ended	Supervisor	Reason for leaving
Describe Work Performed				
Employer	Telephone number	Address (Street, City, State)		
Title of Your Position	Date Started	Date Ended	Supervisor	Reason for leaving

Describe Work Performed:

REFERENCES

PLEASE PROVIDE THREE REFERENCES - NOT RELATIVES OR FORMER EMPLOYERS

Name	Address	Phone

CERTIFICATION AND RELEASE

I certify that answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said employers, persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information.

I understand I may be required to successfully pass a drug screening examination. If hired, I understand I am required to abide by all rules and regulations of the company and that the use of alcohol or illegal drugs is prohibited during employment.

I understand that employment is contingent upon my ability to perform all functions pertaining to the job(s) for which I am hired.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Signature	Date
Parent/Guardian's Signature (if applicable)	

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