



# WaltersGardens

## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle Initial

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
House No. & Street City State Zip

### **Applicant Note :**

- This application form is not an employment contract. It is intended for use in evaluating your qualifications for the position for which you are applying.
- False or misleading statements made on this application or during your interview may result in termination of your application. If false statements are discovered after employment, the result may be termination of employment.
- All applicants are considered without regard to religion, race, color, national origin, age, sex, sexual orientation, marital status, height, weight, arrest record, or disability.
- Applicants are required to successfully pass a post-offer drug and alcohol screen.
- A medical history and physical exam will be required before employment begins.
- Walters Gardens is an at will employer. Employment may be terminated by the employee or the company with or without cause at anytime.
- Regular and consistent attendance is a requirement of any position at Walters Gardens, Inc.

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

### **Availability:**

Desired position? \_\_\_\_\_ Which would you prefer? \_\_\_ Full-time \_\_\_ Part-time

For which schedule are you available? \_\_\_ Weekdays \_\_\_ Weekends \_\_\_ Evenings \_\_\_ Overtime

Would you have reliable transportation to this job? \_\_\_ Yes \_\_\_ No

### **Referrals:**

How did you hear about job openings at Walters Gardens? \_\_\_\_\_

Have you previously worked at Walters Gardens? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

Do you have friends or family members employed at Walters Gardens, Inc ? \_\_\_ Yes \_\_\_ No

If so, Name \_\_\_\_\_

**References:**

Include only individuals familiar with your work ability.

Name	Phone No.	Relationship	Years Acquainted
1. _____			
2. _____			
3. _____			

**Employment References:**

**Most Recent Employer:**

Are you currently working for this employer? \_\_\_Yes \_\_\_No. If yes, may we contact them? \_\_\_Yes \_\_\_No

Company	City	State	Phone No.
---------	------	-------	-----------

From: _____ To: _____			
Dates Employed	Job Title	Supervisor	Ending Salary

Duties	Reason For Leaving
--------	--------------------

**Second Most Recent Employer**

Company	City	State	Phone No.
---------	------	-------	-----------

From: _____ To: _____			
Dates Employed	Job Title	Supervisor	Ending Salary

Duties	Reason For Leaving
--------	--------------------

**Third Most Recent Employer**

Company	City	State	Phone No.
---------	------	-------	-----------

From: _____ To: _____			
Dates Employed	Job Title	Supervisor	Ending Salary

Duties	Reason For Leaving
--------	--------------------

**Education (Circle those which apply)**

Do you speak and write in English? Yes No Do you speak and write in Spanish? Yes No

Name	City & State	Graduate?
------	--------------	-----------

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**Security:**

List places of residence for the past seven years \_\_\_\_\_

Have you used any names other than the name on this application? \_\_\_ Yes \_\_\_ No

If yes, please list \_\_\_\_\_ Do you have a valid driver’s license? \_\_\_ Yes \_\_\_ No

DL # \_\_\_\_\_ Type \_\_\_\_\_ State Issued \_\_\_\_\_

Have you been convicted of a felony in the past seven years? \_\_\_ Yes \_\_\_ No. If yes, please describe below.

(In accordance with company policy, this will be reviewed for job relatedness and time since last conviction.)

Incident	City & State	Charge
----------	--------------	--------

1. \_\_\_\_\_

2. \_\_\_\_\_

**Job Related Skills:**

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? \_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation qualifications you feel will be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

**Certification and Release**

I certify that I have read and understand the Applicant Note on page one of this form. I authorize the company and/or agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize the references listed in this application for employment and any prior employer, educational institution, or any other persons or organizations to give Walters Gardens Inc. any and all information concerning my previous employment/education accomplishments, disciplinary information, or any other pertinent information they may have. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to Walters Gardens Inc. In addition, I hereby waive written notice that employment information is being provided by any person or organization. I release all persons, schools, companies, and law enforcement agencies from any liability for any damages whatsoever for issuing this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date