

APPLICATION FOR EMPLOYMENT

Tinga Nursery, Inc.
2918 Castle Hayne Road
Castle Hayne, North Carolina
28429

“An Equal Opportunity Employer”
(910)762-1975 (910)763-4231 Fax

Full Name: _____ Date: ___/___/___

Last
First
Middle

Address: _____

Street Address
Apartment #

City State Zip Code

Phone: (____) _____ E-mail Address: _____ Soc. Sec. No. _____

How long have you lived at the above address? Years: _____/Months: _____

Position Applied For: _____ Date Available: ___/___/___ Desired Salary: \$ _____

Applying For: Full Time Part Time Temporary? Referred By _____

Have you ever worked for this company? Yes No If Yes, Date: _____

Notify in case of Emergency _____

Education

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Special Training _____

Special Skills (including Machinery Operation) _____

Work Experience

(LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

<u>Mo/Yr</u> <u>Mo/Yr</u>	<u>Name & Address</u>	<u>Phone Number</u>	<u>Position</u>	<u>Salary</u>	<u>Reason For Leaving</u>
/ - /					
/ - /					
/ - /					
/ - /					

Do you speak read or right any language other than English?	If Yes, Please Specify Language	Specify Fluency
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1. Have you ever lost time from work because of an accident? Yes No

If Yes, Explain_____.

2. Are you willing to take a physical examination at our expense? Yes No

3. Are you currently employed? Yes No Where?_____.

4. May we contact your present employer? Yes No If Yes, Telephone Number: (_____)_____.

5. Check the types of Vehicles you are Qualified, Through Experience, to Operate:

Passenger Car Light Truck Heavy Truck or Tractor Other:_____.

6. Driver's License No._____ State_____ Expires____/____/____.

7. License ever suspended or revoked? Yes No

8. Do you operate an automobile? Yes No Make & Year_____.

9. Do you have auto insurance? Yes No

10. Has your auto insurance ever been cancelled or renewal refused? Yes No

11. Have you had any Convictions for Moving Violations within the Past three years? Yes No

If Yes, Please

Explain:_____.

12. Have you ever been convicted of a crime as a citizen or in the military service? Yes No

If Yes, Please Explain:_____.

Military Service

BRANCH:	Service Schools Attended:	Rank:	Dates of Service
			From:
			To:

***IF NOT A US CITIZEN, DO YOU HAVE THE REQUIRED DOCUMENTS TO PERMIT YOU TO WORK? YES NO**

To determine my qualifications for employment, I authorize this company to conduct an investigation of my application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment.

Signature

Date

INTERVIEWER' COMMENTS:_____

COMPANY COMMENTS ON TERMINATION:_____