



Summer Winds™
GARDEN CENTERS, INC.
APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Drug-Free Employer

Each question should be fully and accurately answered. Please write legibly. All information given will be available only to persons who have a "need to know" or as required by law. This Company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

GENERAL:			
Last Name	First Name	Middle Initial	Date
Street Address			
City, State, and Zip Code		Work Phone ()	
Home Phone ()		May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone ()			
E-mail Address			

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (Felonies only)? Yes No (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Have any of your prior employers ever disciplined you including, but not limited to, a written warning, suspension, demotion, or termination of your employment? If so, please explain **each** incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that the applicant be upfront in his or her response so that the Company can assess the significance of the prior action. Failure to provide full disclosure may result in disqualification from employment consideration, or if hired, termination.

- _____
- _____
- _____
- _____

Are you 18 years of age or older? Yes No
 Are you authorized to work in the United States? Yes No
 (Federal Law requires proof of identity and employment authorization for all new associates.)

For Driving Positions Only:
 Do you have a valid driver's license? Yes No
 License Number and State Issued: _____

POSITION APPLIED FOR:

How were you referred to the Company? SummerWinds' Associate Referral Walk-in
 Web-based Ad Other

Have you ever been previously employed by the Company? Yes No

If Yes, give dates employed and reason for leaving: _____

Position applied for: _____ Salary Desired: _____

Availability: Full-time (more than 30 hours per week)
 Part-time (up to 30 hours per week) Hours available: _____
 Seasonal Summer hours available: _____

Date available to start, if hired: _____

Will you work overtime, if necessary? Yes No

Are there any days or hours you are unable or unwilling to work? Yes No

If yes, provide specifics: _____

After reviewing the job outline for the position to which you have applied are you able to perform the essential job functions with or without reasonable accommodation? Yes No

EDUCATION/SKILLS:

Name	Address	Courses of Study	Indicate Last Year Completed	Type of Degree/ Diploma/ Certificate
High School			1 2 3 4	
Business or Technical School or Other Certificate Programs			1 2 3 4	
College			1 2 3 4	

If you are an experienced operator of any position-related business/plant machines or equipment, please list: _____
 Other job-related skills: _____

REFERENCES:

List below the names of three references whom you have known for more than one year and who are not related to you that we may contact who can comment on your employment qualifications.

Name	Street Address	City, State, and Zip Code	Telephone	E-mail
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Start with your present or most recent employer and list all previous employers. Use additional paper if required.

This section must be completed even if resume is attached.

PRESENT EMPLOYMENT:

Employer:		Your Starting Position Title:	Your Final Position Title:
Street Address:		Brief Description of Duties, if not included in resume:	
City, State and Zip Code:			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name/Title):	Telephone:
Hourly or Annual Salary		Starting:	Final:
Reason for Leaving:		May we call for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYMENT:

Employer:		Your Starting Position Title:	Your Final Position Title:
Street Address:		Brief Description of Duties, if not included in resume:	
City, State and Zip Code:			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name/Title):	Telephone:
Hourly or Annual Salary:		Starting:	Final:
Reason for Leaving:			

PREVIOUS EMPLOYMENT:

Employer:		Your Starting Position Title:	Your Final Position Title:
Street Address:		Brief Description of Duties, if not included in resume:	
City, State and Zip Code:			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name/Title):	Telephone:
Hourly or Annual Salary:		Starting:	Final:
Reason for Leaving:			

PREVIOUS EMPLOYMENT:			
Employer:		Your Starting Position Title:	Your Final Position Title:
Street Address:		Brief Description of Duties, if not included in resume:	
City, State and Zip Code:			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name/Title):	Telephone:
Hourly or Annual Salary:		Starting:	Final:
Reason for Leaving:			

APPLICANT STATEMENT:
<p>This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.</p> <p>I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.</p> <p>I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug test.</p> <p>I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.</p> <p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</p> <p><u>I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.</u></p>
<p>_____ Signature of Applicant</p> <p>_____ Date</p>