

**BAXTER GARDENS WEST  
APPLICATION FOR EMPLOYMENT**

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

FULL NAME \_\_\_\_\_

SOCIAL SECURITY NO: WILL BE REQUIRED AT TIME OF HIRE ON TAX FORMS

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DEPENDENTS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SPOUSE'S EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ START DATE \_\_\_\_\_

SALARY OR HOURLY WAGES REQUIRED \_\_\_\_\_

HOURS AVAILABLE TO WORK \_\_\_\_\_

WHICH OF THE FOLLOWING SKILLS DO YOU HAVE? (MARK WITH AN X)

READ LANDSCAPE DRAWINGS	HAND GRADE & SEED	
IDENTIFY PLANTS AND TREES	LAY SOD & ROLL	
LAYOUT A LANDSCAPE JOB FROM A DRAWING	INSTALL FLAGSTONE PATIOS AND WALKWAYS	
SHAPE & EDGE A PLANT BED	BUILD DRY LAY STONE WALLS	
STAKE TREES	BUILD LANDSCAPE WALLS	
BALL & BURLAP PLANTS & TREES	INSTALL DRAINTILE	
INSTALLING PLANTS & TREES	INSTALL LANDSCAPE LIGHTING	
TRIM PLANTS & TREES	INSTALL WATER FEATURES	
FERTILIZE PLANTS & TREES	COMPUTER EXPERIENCE	
OPERATE A TRACTOR W/ LOADER & PINCHERS	CASH HANDLING EXPERIENCE	

MISSOURI DRIVERS LICENSE NO. \_\_\_\_\_ COMMERCIAL LICENSE NO. \_\_\_\_\_

D.O.T. CARD YES ( ) OR NO ( ) COPY OF DRIVERS LICENSE REQUIRED FOR DRIVER

HAVE YOU EVER HAD A D.W.I. OR D.U.I. YES ( ) OR NO ( )

EDUCATION	NAME	ADDRESS	GRADUATED
HIGH SCHOOL			
COLLEGE			
TECH SCHOOL			

MECHANICAL EXPERIENCE:

\_\_\_\_\_

DO YOU KNOW ANY EMPLOYEE EMPLOYED AT BAXTER OR A FORMER EMPLOYEE?

YES ( ) OR NO ( ) IF YES WHO? \_\_\_\_\_

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

LIST ANY PHYSICAL DEFECTS:			
WERE YOU EVER INJURED? GIVE DETAILS			
HAVE YOU ANY DEFECTS IN HEARING?	IN VISION?	IN SPEECH?	
EMERGENCY CONTACT:			
NAME	ADDRESS	PHONE NUMBER	

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PERVIOUS NOTICE.

DATE:	SIGNATURE:
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:	DATE:
REMARKS:	
NEATNESS:	CHARACTER:

HIRE/START DATE: \_\_\_\_\_  
 RATE OF PAY: \_\_\_\_\_  
 POSITION: \_\_\_\_\_  
 HIRED BY: \_\_\_\_\_

NOTE: GET COPY OF DRIVERS LICENSE FOR ALL DRIVERS