

BAXTER GARDENS WEST APPLICATION FOR EMPLOYMENT

BY COMPLETING THIS APPLICATION, YOU ARE SEEKING TO JOIN A TEAM OF PROFESSIONALS WORKING TOGETHER TO CONSISTENTLY PROVIDE VALUE AND EXCEED CUSTOMER EXPECTATIONS WHILE PURSUING THE SUSTAINABILITY OF OUR PLANET FOR FUTURE GENERATIONS.

DATE OF APPLICATION: _____

FULL LEGAL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES () NO ()

NOTE: IF UNDER AGE 18, HIRE IS SUBJECT TO VERIFICATION OF MINIMUM AGE TO WORK.

POSITION DESIRED: _____ DATE AVAILABLE TO START: _____

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES () NO ()

MISSOURI DRIVERS LICENSE NO: _____ COMMERCIAL LICENSE NO: _____

D.O.T. CARD? YES () NO ()

PAST CONVICTION OF D.W.I. OR D.U.I.? YES () NO ()

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR IDENTITY AND LEGAL RIGHT TO WORK IN THIS COUNTRY?

YES () NO ()

ARE YOU AVAILABLE TO WORK: FULL TIME () PART TIME () SEASONAL ()

DAYS / HOURS AVAILABLE TO WORK:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

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

IDENTIFY PLANTS AND TREES	HAND GRADE & SEED	
READ LANDSCAPE DRAWINGS	LAY SOD & ROLL	
LAYOUT A LANDSCAPE JOB FROM A DRAWING	INSTALL FLAGSTONE PATIOS AND WALKWAYS	
SHAPE & EDGE A PLANT BED	BUILD DRY STACK WALLS	
BALL & BURLAP PLANTS AND TREES	BUILD MORTAR STONE WALLS	
INSTALL PLANTS AND TREES	INSTALL DRAIN TILE	
STAKE TREES	INSTALL LANDSCAPE LIGHTING	
TRIM PLANTS & TREES	INSTALL WATER FEATURES	
FERTILIZE PLANTS & TREES	COMPUTER EXPERIENCE	
OPERATE A SKID STEER	POINT OF SALE EXPERIENCE	
ABILITY TO LIFT AT LEAST 40 POUNDS	CUSTOMER SERVICE EXPERIENCE	

DO YOU HAVE ANY MECHANICAL EXPERIENCE? YES () NO ()

IF YES, PLEASE LIST TYPE(S) OF MECHANICAL EXPERIENCE: _____

PLEASE LIST ANY OTHER EXPERIENCE, JOB-RELATED SKILLS, ADDITIONAL LANGUAGES, OR OTHER QUALIFICATIONS THAT YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT: _____

HAVE YOU WORKED FOR BAXTER GARDENS WEST BEFORE? YES () NO ()

IF YES, PLEASE PROVIDE DATES AND POSITION: _____

DO YOU KNOW ANY CURRENT OR FORMER EMPLOYEES OF BAXTER GARDENS WEST? YES () NO ()

IF YES, PLEASE PROVIDE NAMES AND RELATIONSHIP TO YOU: _____

EMPLOYMENT EXPERIENCE

PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS FOUR EMPLOYERS WITH MOST RECENT EMPLOYER LISTED FIRST. IF SELF-EMPLOYED, PROVIDE BUSINESS NAME AND PROVIDE BUSINESS REFERENCES.

NAME OF EMPLOYER	ADDRESS	PHONE
SUPERVISOR	DATES EMPLOYED (MONTH / YEAR)	MAY WE CONTACT?
	FROM: TO:	YES () NO ()
POSITION	REASON FOR LEAVING	SALARY
NAME OF EMPLOYER	ADDRESS	PHONE
SUPERVISOR	DATES EMPLOYED (MONTH / YEAR)	MAY WE CONTACT?
	FROM: TO:	YES () NO ()
POSITION	REASON FOR LEAVING	SALARY
NAME OF EMPLOYER	ADDRESS	PHONE
SUPERVISOR	DATES EMPLOYED (MONTH / YEAR)	MAY WE CONTACT?
	FROM: TO:	YES () NO ()
POSITION	REASON FOR LEAVING	SALARY
NAME OF EMPLOYER	ADDRESS	PHONE
SUPERVISOR	DATES EMPLOYED (MONTH / YEAR)	MAY WE CONTACT?
	FROM: TO:	YES () NO ()
POSITION	REASON FOR LEAVING	SALARY

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES () NO ()

EDUCATION

	SCHOOL NAME	DIPLOMA/DEGREE	AREA OF STUDY/MAJOR	YEAR OF GRADUATION
HIGH SCHOOL		YES () NO ()		
COLLEGE/UNIVERSITY		YES () NO ()		
TRADE SCHOOL		YES () NO ()		
CERTIFICATIONS		YES () NO ()		

REFERENCES

PLEASE LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE OR EMAIL	BUSINESS	RELATIONSHIP AND YEARS ACQUAINTED

APPLICANT STATEMENT AND AGREEMENT

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW.

_____ I AUTHORIZE BAXTER GARDENS WEST TO THOROUGHLY INVESTIGATE MY WORK RECORD, EDUCATION, REFERENCES, AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND FURTHER, AUTHORIZE MY PRIOR EMPLOYERS AND LISTED REFERENCES TO DISCLOSE TO BAXTER GARDENS WEST ANY INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE.

_____ I UNDERSTAND THAT IF I AM SELECTED FOR HIRE, IT WILL BE NECESSARY FOR ME TO PROVIDE SATISFACTORY EVIDENCE OF MY IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES, AND THAT FEDERAL IMMIGRATION LAW REQUIRES ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

_____ I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE TERMINATION IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ IF HIRED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH BAXTER GARDENS WEST IS AT WILL AND THAT NEITHER I NOR THE COMPANY IS REQUIRED TO CONTINUE THE EMPLOYMENT RELATIONSHIP FOR ANY SPECIFIC TERM. I FURTHER UNDERSTAND THAT BAXTER GARDENS WEST OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

MY SIGNATURE ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE ABOVE TERMS.

SIGNATURE: _____

DATE: _____