

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

GENERAL INFORMATION

Name (Print in ink)	Today's Date
Temporary Address	E-mail Address
Permanent Address	Cell/Home Phone
Social Security Number: (Optional) #	
Are you a U.S. Citizen or otherwise legally eligible for employment in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired can you provide documentation of eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what state? _____ What class? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	
If not, do you have reliable transportation that will not interfere with your ability to arrive at work on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of emergency, please notify:	
Name _____	Phone _____

EMPLOYMENT DESIRED

Position Desired	Starting Date						
Acceptable Minimum Starting Salary \$	Total hours available per week:						
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal-what dates would you be available?							
List specific skills related to the work for which you are applying:							
Do you have an interest in any particular merchandise that we sell?							
Please list the times you would be available to work below:							
	THURSDAY	FRIDAY	*SATURDAY	*SUNDAY	MONDAY	TUESDAY	WEDNESDAY
From							
To							

*Saturday & Sunday are busy shopping days. You must be available to work weekends.

We are proud to maintain a non-smoking environment!

This company is an Equal Employment Opportunity Employer. It is the policy of this company to provide equal opportunity in employment to all applicants and employees regardless of race, color, religion, age, sex, national origin, sexual orientation, ancestry, military status, and disability or handicap, or any other characteristic protected by law.

Please complete both sides

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	COURSE OF STUDY
High School				
College				
Other				

	CURRENT OR MOST RECENT JOB	PREVIOUS JOB	PREVIOUS JOB
Company Name			
Company Address			
Phone			
Supervisor's Name			
Your Job Title			
Starting Date			
Termination Date			
Reason for Leaving			

Which of these employers may we contact as a reference regarding your job performance?

Please check at least one: #1 #2 #3 None

REFERENCES/OTHERS

Name	Phone #	Business
Name	Phone #	Business

I certify that I have truthfully completed this application form. I understand that any falsification, omission or misrepresentation is grounds for refusal to hire or termination.

I authorize the investigation of all statements and information contained herein. I also authorize the reference listed above to give you any and all information concerning my previous employment. I release all parties from any liability for any damages that might result from furnishing you any such information.

I understand my employment and compensation can be terminated with or without cause and with or without notice at any time at either the option of the company or myself.

I understand that no manager, employee or representatives of Prairie Gardens/Jeffrey Alans/PGI Sales, other than the President, has the authority to enter into an agreement for employment for any specified period of time, or to make any amendment to the at-will employment status of any employee. I understand that any employment with you is on an at-will basis, unless otherwise stated in a written individual employment agreement signed by the President and approved by the Board of Directors.

I understand any policy and procedures which I may receive will not constitute an employment contract, but will merely be a statement of 'Prairie Gardens' / Jeffrey Alans' / PGI Sales' policies and procedures.

Applicant's Signature _____ Date _____