



222 West Lake Street
 Bloomingdale, IL 60108
 630-529-9394
 2400 Randall Road
 Carpentersville, IL 60110
 847-428-6767

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Office Use Only	
Start Date _____	
Department _____	
Hired By _____	
Rate _____	
SSN# _____	
ADP# _____	
DOB _____	
Marital & _____	

DATE	NAME (Last, First, Middle):		
PRESENT ADDRESS		CITY, STATE ZIP	
EMAIL ADDRESS		HOME PHONE NO.	CELL PHONE NO.
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hours per week desired	Salary desired:
Date you can start		Are you employed now?	May we contact your present employer?
Position desired <input type="checkbox"/> Greenhouse <input type="checkbox"/> Cashier <input type="checkbox"/> Nursery Landscape <input type="checkbox"/> Other			
Are you related to a current PHN Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES, their name & relationship to you?
How did you learn about this employment opportunity?			

EDUCATION

Name of School	City/State	Did you graduate?	No. of years attended	GPA	Degree received	Major
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

WORK EXPERIENCE - Please detail your last three employers below, beginning with your current or most recent employer.

Dates Worked (Month and Year)	Name and Location of Employer	Supervisor's Name	Telephone Number	Position	Salary/ Hourly Wage	Reason for Leaving
From:						
To:						
From:						
To:						
From:						
To:						

Which jobs did you like best?
What did you like about them?

REFERENCES - Please provide the names of 3 people (not related to you) who you have known for 3 or more years.

Name	Relationship	Telephone Number

SPECIAL SKILLS

Have you ever operated a cash register? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	
Have you studied or are you fluent in a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No	What language?	
Have you driven <input type="checkbox"/> a stick shift? <input type="checkbox"/> a pickup truck? <input type="checkbox"/> a forklift? <input type="checkbox"/> a bucket tractor? <input type="checkbox"/> a diesel vehicle?	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you carry a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to drive a truck to do deliveries/pickups? <input type="checkbox"/> Yes <input type="checkbox"/> No	What special skills do you have that you wish us to consider in our employment decision?	
Are you willing and able to lift merchandise and load for 3-hour periods which weighs: <input type="checkbox"/> 10 lbs? <input type="checkbox"/> 25 lbs? <input type="checkbox"/> 50 lbs? <input type="checkbox"/> 100 lbs?		
Are you a licensed pesticide operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what areas?	
Are you a licensed pesticide applicator? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK AVAILABILITY – Write in the times you are available to work between 9am and 9pm. For example, Tuesday, 5pm – 9pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you involved in any sports or activities which would alter or reduce your availability to work? For example, *I play varsity basketball from October to March – we have games on most Saturdays.*

In case of emergency, notify: _____ Telephone No. _____

If hired, I consent to Platt Hill Nursery using my photographic image for advertising and promotions. Yes No

I certify that all information submitted by me is true and complete. In consideration of employment, I agree to conform to all the company's rules and regulations. I understand that my employment and compensation may be terminated by me or the company at any time, with or without cause and with or without notice.

Signature _____ Date _____

Interviewed by _____ Date _____

Comments _____
