



222 West Lake Street
Bloomington, 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 & Exempt _____

PT FT SFT SPT

| | | | |
|--|---|--|--|
| DATE | NAME (Last, First, Middle; print exactly as it appears on your Social Security Card): | | |
| 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 | Wage desired: |
| Date you can start: | Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position desired <input type="checkbox"/> Greenhouse <input type="checkbox"/> Cashier <input type="checkbox"/> Nursery <input type="checkbox"/> 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? |
| What prompted you to apply at Platt Hill Nursery? | | |

EDUCATION

| Name of School | City/State | Circle highest year completed | No. of years attended | GPA | Degree received | Major |
|--|------------|-------------------------------|-----------------------|-----|-----------------|-------|
| Grammar School | | 6 7 8 | | | | |
| High School | | 9 10 11 12 | | | | |
| College | | 1 2 3 4 | | | | |
| Trade School | | 1 2 3 4 | | | | |
| 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 | 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 | Have you worked for Platt Hill Nursery before? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you a licensed pesticide applicator? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, dates of employment: Are you willing to take a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

WORK AVAILABILITY – Write in the times you are available to work between 9am and 8pm. For example, Tuesday, 5pm – 8pm

| 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 _____
