



EMPLOYMENT APPLICATION

Please complete the entire application.

Employer Information:

Gardeness Inc.
886 Niagara Street Buffalo, New York 14213
716-380-0800

It is the policy of Gardeness Inc to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information:

Name _____
Home Address _____
City/ State/ ZIP _____
Phone _____ Email _____
Social Security # _____
Driver's License # _____

Emergency Contact Information:

Name _____ Relationship _____
Phone _____
Address _____

Please see the reverse for application questions.

Position Information:

Position Name _____

Salary Desired \$_____ per _____

1. Who referred you to our company? _____
2. Do you have any friends or relatives who work here? If yes, please list here:

3. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____
4. Are you at least 18 years old? _____ Yes _____ No
5. How will you get to work? _____
6. Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

7. If applicable, are you available to work overtime? _____ Yes _____ No
8. If you are offered employment, when would you be available to begin work?

9. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No
10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No
 - a. What reasonable accommodation, if any, would you request?

Applicant Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of experience	Ability/Rating (circle one)
Typing	_____	1 2 3 4 5
Microsoft Office Suite	_____	1 2 3 4 5
Accounting/Bookkeeping	_____	1 2 3 4 5
Filing	_____	1 2 3 4 5
Customer Service	_____	1 2 3 4 5
Can lift more than 50lbs.	___yes ___no	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name _____
Supervisor Name _____
Address _____
City/State/ZIP _____
Job Duties _____
Reason for Leaving _____
Dates of Employment (Month/Year) _____

Employer Name _____
Supervisor Name _____
Address _____
City/State/ZIP _____
Job Duties _____
Reason for Leaving _____
Dates of Employment (Month/Year) _____

Employer Name _____
Supervisor Name _____
Address _____
City/State/ZIP _____
Job Duties _____
Reason for Leaving _____
Dates of Employment (Month/Year) _____

Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received _____

High School/GED Name and Address _____

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational)

Please indicate any current professional licenses or certifications that you hold.

Awards, Honors, Special Achievements.

References

List any **two** non-relatives who would be willing to provide a reference for you.

Name _____
Address _____
City/State/ZIP _____
Telephone _____
Relationship _____

Name _____
Address _____
City/State/ZIP _____
Telephone _____
Relationship _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Gardeness Inc to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Gardeness Inc, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE