



9340 Fair Way
 Maple Grove, MN 55369
 Phone: (763) 425-4212
 Fax: (763) 425-5155
 info@fairsnursery.com

Application for Employment

Date of Application: ____ / ____ / ____

Personal Information:

Full Name: _____ Social Security #: _____ - ____ - ____

Address: _____ Home phone: (____) ____ - ____
 City: _____ Work phone: (____) ____ - ____
 State: _____ Cell phone: (____) ____ - ____
 Zip code: _____ Email address: _____

Name and relationship of any relatives in our employ: _____

Referred by: _____

Employment Desired:

Position: _____ Date you can start: ____ / ____ / ____ Pay desired: _____

Are you currently employed? yes no

May we contact your employer? yes no

Availability (days / hours) _____

Education:

	Name & Location	Years Completed	Graduated?	Major
High School				
College				
Other (please specify)				

Subjects of special study or special training: _____

Activities: (exclude organizations the name or character of which indicates race, creed, sex, marital status, age, color, or national origin of its members) _____

Employment History:

Please list below your last 3 employers, starting with present or most recent.

Company: _____ Start Date: ____ / ____ / ____ Starting Pay: _____
Address: _____ End Date: ____ / ____ / ____ Ending Pay: _____
City, state, zip: _____ Position: _____
Phone: (____) _____ - _____ Supervisor: _____
Reason for leaving: _____
Description of duties: _____

Company: _____ Start Date: ____ / ____ / ____ Starting Pay: _____
Address: _____ End Date: ____ / ____ / ____ Ending Pay: _____
City, state, zip: _____ Position: _____
Phone: (____) _____ - _____ Supervisor: _____
Reason for leaving: _____
Description of duties: _____

Company: _____ Start Date: ____ / ____ / ____ Starting Pay: _____
Address: _____ End Date: ____ / ____ / ____ Ending Pay: _____
City, state, zip: _____ Position: _____
Phone: (____) _____ - _____ Supervisor: _____
Reason for leaving: _____
Description of duties: _____

References:

Give the names of three people not related to you whom you have known at least one year.

Name	Address & phone number	Business	Years acquainted

Signature:

I certify that all facts contained in this application are true and complete and acknowledge that Fair's is relying on the accuracy of the information provided. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or Fair's.

Signature of Applicant

Date