



# Holscher & Hackman Garden Center

6088 Harrison Ave. Cincinnati, Ohio 45247

(513)598-6078/(513)598-6088

www.plantingthefuture.com

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP

PHONE NO. CELL PHONE NO. ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches Are you prevented from lawfully becoming employed in the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Weight \_\_\_\_\_ lbs. Date of Birth\* \_\_\_\_\_

What Foreign Language do you speak ? \_\_\_\_\_ Read Write

Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* Yes No Describe: \_\_\_\_\_

\*The Age of Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have a dependable means of transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State issued \_\_\_\_\_ Expiration date \_\_\_\_\_

Do you have any traffic violations in the past three (3) years Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Are you capable of operating a manual/standard transmission? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you willing to be trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you capable of operating a Skid Steer Loader? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to take a voluntary drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO.OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS SCHOOL				

If given the opportunity, would you be interested in expanding your knowledge in the "green industry" by attending seminars, workshops, trade shows, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? EMPLOYERS NAME

EMPLOYERS ADDRESS PHONE

EVER APPLIED TO THIS COMPANY BEFORE? WHEN?

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					

**CHARACTER REFERENCES:** Give the names of three persons NOT RELATED to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	PHONE#	YEARS ACQUAINTED
1				
2				
3				

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what can be done to accommodate your limitations?

Please describe:

Have you ever filed a Workers Compensation claim for a job related injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify date

Are you currently receiving compensation?

**IN CASE OF EMERGENCY NOTIFY**

NAME ADDRESS PHONE#

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE"

DATE SIGNATURE

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