



**Sawyer  
Home  
&  
Garden  
Center**

5865 Sawyer Road • Sawyer, MI 49125 • (269) 426-8810 • Fax (269) 426-4515

# APPLICATION FOR EMPLOYMENT

[www.sawyergardencenter.com](http://www.sawyergardencenter.com)

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years or older?  Yes  No

If no, please provide your birthdate: \_\_\_\_\_

## We are an equal opportunity employer

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

All questions must be answered. State "N/A" if questions is not applicable.

## THIS IS A DRUG FREE WORKPLACE

Position(s) applied for: \_\_\_\_\_

Salary Expectation: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Available for:  Full Time  Part Time  Weekends  Seasonal

I prefer to work \_\_\_\_\_ hours per week.

Specify the hours you are available to work each day of the week. (Must be completed for consideration.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did \_\_\_\_\_ you learn about us? \_\_\_\_\_

Have you ever been employed here before?  Yes  No



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Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Does your present employer know of your plans to change employment?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No

If yes, please explain: \_\_\_\_\_

How much time have you lost from work during the last 12 months? \_\_\_\_\_

Do you have steady transportation to work?  Yes  No

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

(Proof of citizenship/immigration status & identity is required upon employment.)

Have you ever been convicted of or received a sentence for a crime other than a minor traffic violation? *Answering "yes" is not an automatic bar to employment*  Yes  No

If yes, state date, court and place where offense(s) occurred: \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No What state? \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last three years?  Yes  No

If yes, give dates and explanation: \_\_\_\_\_

List three things that are important to you in a work environment:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List three characteristics that best describe you:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

What foreign languages do you speak, read, and/or write? \_\_\_\_\_

\_\_\_\_\_



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## Education Information

	Name & Address of School	# of Yrs.	Subject Studied/Degree	Graduate?
High School Or GED		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Business		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment Information—Start with current/most recent position(s) held

Employer	Date Employed (Month/Year)		Summary of job responsibilities:
	From	To	
Address	Phone		
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated			
Employer	Date Employed (Month/Year)		Summary of job responsibilities:
	From	To	
Address	Phone		
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated			
Employer	Date Employed (Month/Year)		Summary of job responsibilities:
	From	To	
Address	Phone		
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
<input type="checkbox"/> Resigned <input type="checkbox"/> Terminated			



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### *Military Information*

Branch of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Present selective service classification: \_\_\_\_\_

List duties/special training: \_\_\_\_\_

\_\_\_\_\_

### **AGREEMENT**

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

In exchange for the consideration of my employment application by this company, I hereby release and forever discharge the company (including its directors, officers, employees and agents) and my past and/or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements and I authorize the past employers, doctors, all references and other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such a change is specifically acknowledged by an authorized executive of the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **IN CASE OF EMERGENCY**

I authorize you to notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Remarks: \_\_\_\_\_