

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, disability or national origin.

THIS APPLICATION IS YOUR INTRODUCTION TO McDONALD GARDEN CENTER. SO THAT WE MAY GIVE YOU PROMPT AND CAREFUL CONSIDERATION, ANSWER ALL QUESTIONS CAREFULLY AND COMPLETELY. PLEASE TYPE OR PRINT IN INK. WE APPRECIATE YOUR INTEREST IN McDONALD GARDEN CENTER.

PERSONAL INFORMATION

Date: _____ Social Security No: _____

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip Code

Phone No.:

Alternate Contact#:

Prior Addresses

in the Past 5 Years:

State name and department of any Relatives already employed by this Company:

Referred By:

I am applying for a position as:

If full-time employment is not available, would you accept part-time or temporary? Yes No

If you are under age 18, please state your age:

Date you can start: _____ Salary desired: _____

Can you work weekends Yes No Flexible Hours? Yes No

Are you employed now? Yes No

If yes, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

If your job requires driving, do you currently possess a valid drivers license? Yes No

Drivers License (State, #): _____

Can you travel if a job requires it? Yes No

Have you ever been bonded? Yes No If yes, when? _____ By whom? _____

Last

First

Middle



Corporate Headquarters

1139 W. Pembroke Avenue

Hampton, VA 23661

757.722.3125

fax 757.723.4124

EXPERIENCE

Current or last employer:

Your position:

Address

Phone: _____ Dates—from: _____ to: _____

Wage/Salary—Start \$: _____ Ending \$: _____ Supervisor Name: _____

Reason for Leaving _____

Major Duties _____

Previous employer:

Your position:

Address

Phone: _____ Dates—from: _____ to: _____

Wage/Salary—Start \$: _____ Ending \$: _____ Supervisor Name: _____

Reason for Leaving _____

Major Duties _____

Previous employer:

Your position:

Address

Phone: _____ Dates—from: _____ to: _____

Wage/Salary—Start \$: _____ Ending \$: _____ Supervisor Name: _____

Reason for Leaving _____

Major Duties _____

Previous employer:

Your position:

Address

Phone: _____ Dates—from: _____ to: _____

Wage/Salary—Start \$: _____ Ending \$: _____ Supervisor Name: _____

Reason for Leaving _____

Major Duties _____

I hereby grant my permission to contact the employees listed above to fully investigate my prior work experience.

The exceptions to that unconditional grant are listed below:

(applicant's signature) _____

PERSONAL REFERENCES:

Do not use former employers or relatives.

Full name: _____

Occupation: _____

Address _____

Home Phone No. _____

Business Phone No: _____

Full name: _____

Occupation: _____

Address _____

Home Phone No. _____

Business Phone No: _____

Please read and sign the following statement:

All the facts and data entered on this application for employment are true and complete. If I am employed, I understand that any false statement made on this application or in interviews may result in my dismissal. I further understand that this employment process is not and is not intended to be a contract of employment. Nor does this application or the employment process obligate the employer in any way if the employer decides to employ me. I fully understand and agree that my employment is "at-will" and can be broken by me through a resignation or by the store through a termination with or without notice, at any time or for any reason or for no reason. No one other than the owner of this company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the "at-will" employment rules, and then only in writing signed by the owner.

(applicant's signature) _____

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date:

Remarks:

IMPORTANT: Please complete this section for Payroll Department

Full-time:

Part-time/Student:

Seasonal:

Insurance:

Hired

For Dept.

Position

Will Report

Salary/Wages

Employment Manager Approval:

Department Head Approval:

General Manager Approval:

Notes: