## JOB APPLICATION

## Alpha Nursery & Garden Center 12 Alpha Lane, Cascade, Idaho 83611 2083825742

Alpha Nursery & Garden Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Annicent Information		
Applicant Information  Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position  Position(s) applying for: Cashier, Yard Worker (full time)		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired:		
Personal Information  Do you have any friends, relatives, or acquaintances working for Alpha Nursery & Garden  Center  If yes, state name & relationship:	Yes	No
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?		No
What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test?	Yes	No

Do you have any condition which would require job accommodations?			Yes	No
If yes, please describe acco	mmodations required below.			
Have you ever been convict	ted of a criminal offense (felony o	r misdemeanor)?	Yes	No
If yes, please state the natu	re of the crime(s), when and whe	re convicted and disposi	tion of the case:	
date of the offense, the nat	denied employment solely on ture of the offense, including any circumstances and the relevance	significant details that a	affect the description	of the
Job Skills/Qualifications Please list below the skills ar	nd qualifications you possess for t	he position for which yo	u are applying:	
measures that may be neces	den Center complies with the ADA ssary for eligible applicants/emplo skill/agility and may be subject to	yees to perform essenti	al functions. It is poss	
Education and Training				
High School				
Name	Location (City, State)	Year Graduated	Degree Earned	k
College/University			<u> </u>	
Name	Location (City, State)	Year Graduated	Degree Earned	k
Vocational School/Specialize	d Training	L.	L_	
Name	Location (City, State)	Year Graduated	Degree Earned	t
Military:		<u> </u>		
Are you a member of the A	rmed Services?			
What branch of the military				
What was your military ran	k when discharged?			

How many years did you serve in the militar	-y?			
What military skills do you possess that would be an asset for this position?				
Previous Employment				
Employer Name:				
Job Title:				
Supervisor Name:				
Employer Address:				
City, State and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				
Employer Name:				
Job Title:				
Supervisor Name:				
Employer Address:				
City, State and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				
Employer Name:				
Job Title:				
Supervisor Name:				
Employer Address:				
City, State and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				
<i>References</i> Please provide 3 personal and professional re	eference(s) below:			
Reference	Contact Information			

## Additional Information:

Date of Birth

<u>AT-WILL EMPLOYMENT</u>
The relationship between you and the Alpha Nursery & Garden Center is referred to as "employment at will."
This means that your employment can be terminated at any time for any reason, with or without cause, with or
without notice, by you or the Alpha Nursery & Garden Center. No representative of Alpha Nursery & Garden
Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship.
You understand that your employment is "at will," and that you acknowledge that no oral or written statements
or representations regarding your employment can alter your at-will employment status, except for a written
statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's
President.

Applicant Signature:	Dated:	