



**Flowers - Greenhouse - Landscaping**

3517 Beechwood Ave., Alliance, Oh 44601

(330) 823-1455, (888) 292-2814, www.dehoffs.com

# APPLICATION FOR EMPLOYMENT

DeHoff's FGL, INC is an Equal Employment Opportunity Employer and does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, or on any other basis prohibited by law.

## Applicant Information

LAST NAME	FIRST	MIDDLE	TODAY'S DATE
ADDRESS			TELEPHONE
CITY	STATE	ZIP	GRADUATION DATE

## Job Type

PLEASE CHECK TYPE OF WORK INTERESTED IN

GREENHOUSE/GARDEN CENTER
  FLOWERSHOP/SALES
  LANDSCAPING

FULL TIME  PART TIME  DATE AVAILABLE TO START \_\_\_\_\_  
 HOURS YOU ARE AVAILABLE \_\_\_\_\_ HOURLY RATE DESIRED \_\_\_\_\_  
 DATE OF MOST RECENT PHYSICAL EXAM \_\_\_\_\_ DOCTOR \_\_\_\_\_  
 CAN YOU PASS A DRUG TEST? YES  NO   
 ANY PHYSICAL LIMITATIONS (IF YES, PLEASE EXPLAIN) \_\_\_\_\_

## Additional Information

HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION IN THE PAST?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I CERTIFY THAT I AM A US CITIZEN, PERMANENT RESIDENT OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, OR NO CONTEST TO A FELONY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE EXPLAIN:		
DO YOU HAVE A VALID DRIVERS LICENSE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRIVERS LICENSE NUMBER	ISSUED IN WHAT STATE?	
HAVE YOU HAD ANY ACCIDENTS OR MOVING VIOLATIONS DURING THE PAST THREE YEARS?	HOW MANY?	

## Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				
<b>College or Business/Trade School</b>				

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?     Yes     No

## Additional Questions

DO YOU HAVE ANY SPECIAL SKILLS/ABILITIES/TRAINING THAT RELATES TO THE JOB YOU ARE APPLYING FOR?

DO YOU HAVE ANY SPECIAL STUDIES OR RESEARCH FOR THE JOB YOU ARE APPLYING FOR?

HOW DO YOU FEEL THAT YOU WILL BE AN ASSET TO DEHOFF'S?

LIST ANY SPECIAL INTERESTS OR HOBBIES

## References

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.*

1.

2.

3.

4.

**APPLICANT'S SIGNATURE**.... I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE REFERENCES LISTED TO RELEASE PERTINENT INFORMATION. I AGREE TO CONFORM TO ANY POLICIES IMPLEMENTED BY DEHOFF'S.

X \_\_\_\_\_

DATE: \_\_\_\_\_