



**SOUTH RIDING NURSERY
APPLICATION FOR EMPLOYMENT**

8010 INDUSTRIAL PARK CT
BRISTOW, VA 20136
(703) 327-5161 fax (703) 327-5091

SOUTH RIDING NURSERIES, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Emergency Contact Number _____

Position Sought _____ Full Time Part Time Date Available _____

Have you ever applied to SOUTH RIDING NURSERIES, LLC before? Yes No If yes, when? _____

Are you over 18 years old? Yes No

Have you ever been convicted of a felony? Yes No if yes please explain _____

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Do you have a valid Driver's License? Yes No _____ State CDL License? Yes No

EDUCATION: Please indicate education, training or experience that you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (*circle one*) 1 2 3 4 **Diploma:** Yes No **G.E.D.:** Yes No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

Related Experience: _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ____ Yes ____ No
If any employment was under a different name, indicate name _____

Employer _____ **Address** _____

Telephone _____ Position _____
Dates of Employment: From ____ (Mo/Yr) To ____ (Mo/Yr)
Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. ____

Reason for Leaving _____

Employer _____ **Address** _____

Telephone _____ Position _____
Dates of Employment: From ____ (Mo/Yr) To ____ (Mo/Yr)
Salary _____ Supervisor _____ Department _____

Duties _____ FT ____ PT ____ No. of Hrs. ____

Reason for Leaving _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize SOUTH RIDING NURSERIES, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release SOUTH RIDING NURSERIES, LLC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that the policies, rules, regulations of employment or statements made during the interview process shall not be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date: _____