

MORRIS NURSERY, INC.

Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____ *Street Address* _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone: _____ Email _____

Date Available: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? **YES** **NO**

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO _____ Degree: _____

From: _____ To: _____ Did you graduate? Deg. Sc.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

MORRIS NURSERY, INC.
1837 PATTERSON RD ~ RIVERBANK, CA 95367
209-527-5553

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES

NO

May we contact your previous supervisor for a reference?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____