

PLEASE PRINT ALL INFORMATION



APPLICATION FOR EMPLOYMENT (Page 2)

Do you have a driver's license? Yes No Are you an insured motorist? Yes No

What is your means of transportation to work?

Driver's license
Number:
State of issue:
Expiration Date:

Have you had any accidents during the past three years?

How many?

Have you had any moving violations during the past three years?

How Many?

Computer Experience: None PC

Other:

Windows Macintosh Networking Repair

Skills :

Please list two references for us to contact, other than relatives or previous employers.

Name

Name

Position

Position

Company

Company

Address

Address

Telephone ()

Telephone ()

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT (Page 3)

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		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.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		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.

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APPLICATION FOR EMPLOYMENT (Page 4)

May we contact your present employer? Yes No

Do you have any medical conditions that will limit your ability to perform the job applied for or could be aggravated by the job applied for?
Yes No If yes, what are the conditions and your limitations?

Did you complete this application yourself Yes No If no, who did?

Why do you want to become part of the Larson's Team?

What makes you stand out from others applying?

Signature of Applicant:

Date:

JOB APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Larson's garden center (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant:

Date:

Thank you for completing this application form and for your interest in our business.

End Page 4 & Application