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# The Village Garden Center

1400 East 20<sup>th</sup> Street    Scottsbluff, NE  
308-635-3300

## Application for Employment

This form must be completely filled out for consideration

### **Personal Information**

**DATE**

Name

Social Security Number

Address

City

State

Zip

Home Phone

Cell Phone

Are 18 years of age or over?

E-mail

### **Employment Desired**

Position

Date you can start

Salary desired

Are you employed now?

May we contact your current employer?

### **Education History**

High School

Name and Location

Subjects/Degrees

College

Business School, Trade School or other training

### **General Information**

Special training, experience or job related skills

Why would you like to work for us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Former Employers** list your last four employers starting with last one first

Month and Year      Name and Address of Employer      Salary      Position/duties      Reason for leaving

|      |  |       |  |  |
|------|--|-------|--|--|
| To   |  | Start |  |  |
| From |  | End   |  |  |
| To   |  | Start |  |  |
| From |  | End   |  |  |
| To   |  | Start |  |  |
| From |  | End   |  |  |
| To   |  | Start |  |  |
| From |  | End   |  |  |

**References** List three persons not related to you, whom you have know for at least one year

Name      Address      How long      Phone

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Job Requirements**

To the best of your knowledge do you have any physical conditions or limitations that would limit your ability to perform the job for which you are applying? \_\_\_\_\_

**A driver's license and good driving record maybe required for this job.**

Do you have a current driver's license? \_\_\_\_\_ Number \_\_\_\_\_ State issued \_\_\_\_\_

**Emergency Contact**

Name      Phone      Relationship

I authorize any of the persons or organizations referenced in this application to give you all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_