

1037 Golf Course Road Grand Rapids, MN. 55744 218.326.0668 www.bloomersmn.com tiffani.bloomersmn@yahoo.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | | Date | |
|----------------------|---------------------------------------|---------------|---------------|--------------------|----------------|
| Name | First | | | | |
| | | Middle | | Maiden | |
| Present address | Number | Street City | State | Zip | |
| How long | | | | • | |
| Telephone () | | If under 18, | olease list a | ge | |
| - | | | | | |
| EMPLOYMENT | | | | | |
| | | | | | |
| Position applied for | • | Days/h | ours availa | ble to work: | |
| Salary desired | | | | | |
| • | | | | | |
| How many hours ca | an you work weekly? | Ca | ın you work | weekends? | |
| Employment desire | d □FULL-TIME ONLY | □PART-TIME ON | _Y □FU | LL- OR PART-TIME | = |
| When are you availa | When are you available to start work? | | | | |
| | | | | | |
| EDUCATION | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | | YEARS COMPLETED | MAJOR & DEGREE |
| High School | | | | | |
| | | | | | |
| College | | | | | |
| Concige | | | | | |
| | | | | | |
| Business or | | | | | |
| Trade School | | | | | |
| | | | | | |

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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 | | |
|--|---------------------------------|---|---------------------|--|
| City, State, Zip Phone number | | From | | |
| | | То | | |
| | Your last job title | | | |
| Reason for leavi | ng (be specific) | | | |
| List the jobs you worked at this c | | rmed, skills used or learned, advancements or p | romotions while you | |
| Name of Employer Address City, State, Zip Phone number | Name of last supervisor | Employment dates | | |
| | | From | | |
| | | То | | |
| | Your Last Job Title | | | |
| Reason for leavi | ng (be specific) | | | |
| List the jobs you worked at this c | | rmed, skills used or learned, advancements or p | romotions while you | |
| | | | | |
| Name of Employer Address | Name of last supervisor | Employment dates | | |
| Employer Address City, State, Zip | | | | |
| Employer Address | | dates | | |
| Employer Address City, State, Zip | supervisor | From To | | |
| Employer Address City, State, Zip | supervisor Your last job title | From To | | |

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Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

| Name | | Occupation | |
|--------------|---------|------------------|--|
| Company name | Address | | |
| Telephone | E-mail | Years acquainted | |
| L | | | |
| Name | | Occupation | |
| Company name | Address | | |
| Telephone | E-mail | Years acquainted | |
| | | | |
| Name | | Occupation | |
| Company name | Address | | |
| Telephone | E-mail | Years acquainted | |

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APPLICATION FORM WAIVER

| Please read each paragraph closely, initial each, and sign below | | |
|--|---|--|
| | | |
| cha kno app oth | ereby certify that I have not knowingly withheld any information that might adversely affect my inces for employment and that the answers given by me are true and correct to the best of my ewledge. I further certify that I, the undersigned applicant, have personally completed this elication. I understand that any omission or misstatement of material fact on this application or any er document used to secure employment shall be grounds for rejection of this application or for neediate discharge if I am employed, regardless of the time elapsed before discovery. | |
| | | |
| aut doc | ereby authorize Bloomers Garden Center to investigate my references and work records. I further horize the employers, schools and other references I have listed to disclose to Bloomers any and all suments, transcripts, letters, reports and other information related to these references, without giving prior notice of such disclosure. | |
| | | |
| gra and em the em time fore | inderstand that nothing contained in the application, or conveyed during any interview which may be inted, or during my employment, if hired, is intended to create an employment contract between me if Bloomers, other than one that is "at will." I understand and agree that if I am employed, my ployment will be of an "at will" nature, whereby either the employee or the employer may terminate employment relationship at any time, with or without cause or notice. I further understand that my ployment, if hired, is for no definite or determinable period of time and may be terminated at any e, at the option of either myself or Bloomers, and that no promise or representation contrary to the egoing is binding on the company unless made in writing and signed by me and the company's signated representative. | |
| <u> </u> | | |
| Signature of ap | plicant: Date: | |

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

Bloomers Garden Center and Landscaping is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Bloomers depends solely on your qualifications.