



APPLICATION FOR EMPLOYMENT

oakgardens@montana.com | 4275 Nelson Road, Belgrade MT, 59714 | 406.388.1338

Position Applying For: _____

PERSONAL INFORMATION *Please Print*

Name: _____

Date: _____ Address: _____

Phone: _____

Email: _____

DAYS & TIME AVAILABLE FOR WORK

(Please insert available time for each day) *Note that weekends are required for most positions.*

SUN	MON	TUES	WEDS	THURS	FRI	SAT

Are you available to work *(Please circle all that apply)*: Full Time Part Time Opening Closing

Due to the nature of our business, Oak Gardens Nursery observes a blackout period during which no time off can be arranged. The blackout period begins April 1 & continues thru May31.

Would you have a scheduling conflict of any time during this period? Yes ____ No ____

If yes, please explain: _____

Hourly Wage Expectation: _____ When would you be available to start? _____

How were you referred to us? _____

Are you employed now? Yes No May we contact your present employer? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you want to work for Oak Gardens? _____

Are you 18 years old or older? Yes No If no, give age: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, please explain: _____

Do you smoke? Yes No

Are you willing to undergo a pre-employment physical exam? Yes No

RATE YOUR KNOWLEDGE IN EACH OF THE FOLLOWING CATEGORIES:

1-No Knowledge, 2-Novice/Basic Knowledge, 3-Hobbyist/Moderate Knowledge, 4-Expert Knowledge

Annuals _____ Perennials _____ Container Design _____

Edibles _____ Houseplants _____ Trees/Shrubs _____

EMPLOYMENT HISTORY:

Employer Name & Address	From (mo/yr)	To (mo/year)	Job Duties	Salary

EDUCATION:

School	Location	Yrs Complete	Degree Y/N	Dates Attended (From/To)

REFERENCES:

Name	Address	Relationship	Phone #

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

Date: _____ Signature: _____