

APPLICATION FOR EMPLOYMENT

**CAROLINA NURSERIES, INC.
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

As an Equal Opportunity Employer, applicants will receive consideration without regard to race, color, religion, sex, age, national origin, disability, marital status, or veteran status, or any other factor prohibited by law.

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ OTHER PHONE: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU UNDER 18 YEARS OF AGE? No ___ Yes ___ CAN YOU PRODUCE PROOF OF YOUR RIGHT TO WORK IN THE UNITED STATES? No ___ Yes ___

You are applying for a position that requires you to work outdoors. Are you willing to work outdoors no matter what the weather conditions may be? _____

You are applying for a position that may require overtime in the evenings and on the weekends. Are you willing to work overtime whenever necessary? _____

EDUCATIONAL HISTORY	NAME OF SCHOOL	LOCATION	NO. YEARS ATTENDED	DID YOU GRADUATE	GRADE AVG.
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Grade School 1 through 8	_____	_____	_____	_____	_____
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High School (9 – 12 or GED)	_____	_____	_____	_____	_____
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College	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Special Training	_____	_____	_____	_____	_____
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Have you worked here before? No ___ Yes ___ If yes, provide dates of employment _____

Have you ever been known by any other name(s) which this company will require to verify any of the information in this application? No ___ Yes ___

If yes, give Name(s) _____

Have you previously made application for work here? No ___ Yes ___ If yes, when _____

Do you have transportation available to you during the hours of work that you applied for? No ___ Yes ___

How else may we contact you? _____

PERSON TO BE NOTIFIED IN CASE OF AN ACCIDENT OR EMERGENCY: _____

(Name)

(Phone)

SSN

First Name

Last Name

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COMPLETE EMPLOYMENT HISTORY (START WITH YOUR MOST RECENT JOB)

Company or Business name: _____ Address: _____
Contact Person: _____ Phone: _____

Date of employment: From _____ To _____ Type of Work: _____ Income: \$ _____

Reason for leaving: _____

May we contact for a reference? Yes _____ No _____

Company or Business name: _____ Address: _____
Contact Person: _____ Phone: _____

Date of employment: From _____ To _____ Type of Work: _____ Income: \$ _____

Reason for leaving: _____

May we contact for a reference? Yes _____ No _____

Explain Any Periods Of Unemployment _____

List Here Skills, Experience, Or Other Qualification Not Indicated Above: _____

PERSONAL INFORMATION

Have you ever been convicted, pled guilty, or pled no contest to a felony or a serious crime involving moral turpitude such as fraud or embezzlement? _____. If yes, what is the status of the matter?

We believe in maintaining a respectful work environment. A history of criminal behavior that would be in violation of our policies and procedures will disallow employment. Notwithstanding, no applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere or no contest to) an offense or violation (whether criminal or otherwise), which we, in our sole discretion, determine is not substantially related to the circumstances of the job(s) sought.

MILITARY SERVICE RECORD

Have you ever served in the armed forces? _____ If yes, which branch? _____
Dates of Duty: From: _____ to _____. Rank at Discharge: _____
Honorably Discharged? _____

PERSONAL REFERENCES

Name Occupation Address & Phone Number

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Name	Occupation	Address & Phone Number
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CERTIFICATIONS

PLEASE READ CAREFULLY. CHECK EACH PARAGRAPH AND SIGN BELOW. IF THERE IS ANY PART OF THIS PAGE YOU DO NOT UNDERSTAND, PLEASE CONTACT THE ADMINISTRATIVE OFFICE FOR ASSISTANCE BEFORE SIGNING.

- I UNDERSTAND THAT CAROLINA NURSERIES, INC. (THE "COMPANY") IS AN AT-WILL EMPLOYER. IF I AM EMPLOYED BY THE COMPANY, EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT PRIOR NOTICE. ANY SUCH EMPLOYMENT IS NOT BINDING ON EITHER PARTY FOR ANY SPECIFIC PERIOD OF TIME. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME. ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY. I UNDERSTAND THAT ANY OTHER WRITTEN OR ORAL STATEMENT TO THE CONTRARY, EVEN IF MADE BY A SUPERVISOR, MANAGER OR OFFICER OF THE COMPANY IS INVALID AND SHOULD NOT BE RELIED ON BY ME.
- I UNDERSTAND AND AGREE WITH THE COMPANY'S POLICY OF EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO AGE, RACE, COLOR, CREED, RELIGION, HANDICAP, DISABILITY, MARITAL STATUS, SEX, NATIONAL ORIGIN, STATUS AS A DISABLED VETERAN OR VETERAN OF THE VIETNAM ERA, MEMBERSHIP IN THE NATIONAL GUARD, STATE DEFENSE FORCE OR ANY OTHER RESERVE COMPONENT OF THE MILITARY FORCES OF THE UNITED STATES OR SOUTH CAROLINA.
- I understand that employment offers may be contingent upon successful completion of post-offer, pre-employment tests, including drug testing, and a background investigation.
- I understand that a condition of my hiring may be my agreement to participate in a direct deposit program. If hired, I agree to payment of my compensation via direct deposit.
- I understand that the Company must comply with the Immigration Reform and Control Act of 1986 (IRCA). This act states that it is illegal for an employer to knowingly hire aliens unauthorized for employment and that I must present documents establishing my identity and employment eligibility as a condition of employment. I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States, and to certify that I am authorized to work in the United States. I understand that if I am under eighteen (18) years of age, I may be required to obtain a valid work permit.
- I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then the Company may deny me employment or terminate my employment, and I agree that the Company may not be liable in any respect if it does so.

Signature _____

Date _____

PLEASE DO NOT WRITE BELOW LINE



Result of Interview: _____ Approved: _____
Starting Date: _____ Starting Rate: _____

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***** VOLUNTARY INFORMATION *****

To help us carry out our EEO obligations, please indicate if any of the following definitions apply to you.

- Vietnam Era Veteran. A person who: (1) served on active duty for a period of more than 180 days and part of which occurred between 08-05-64 and 05-07-75, and discharged or released therefrom with other than a dishonorable discharge; or (2) was discharged or released from active duty for service-connected disability if any part of such active duty was performed between 08-05-64 and 05-07-75.
- Disabled Veteran. A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Disabled Individual. A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. Pursuant to the Americans with Disabilities Act, we accommodate otherwise qualified disabled applicants so long as the accommodation is reasonable and does not impose an undue hardship on the Company.

While you are not required to complete the following section, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment of you and your application materials. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the Federal government. **This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision.**

Date of Birth: _____

Please answer below based upon how you are known in your community. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless to comply with legal guidelines, we would like you to choose only one.

Male _____ or Female _____

- White (not of Hispanic origin)
- Asian or Pacific Islanders other than Filipinos
- African-American
- Filipino
- Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture or origin, regardless of race)
- American Indian

I first learned of this job opening through:

- Newspaper
- Company postings
- Word of Mouth
- South Carolina Employment Security Commission
- Other: _____