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Nursery & Garden Center • Flower & Gift Shop • Landscape, Irrigation & Lighting • Lawn & Garden Equipment

EMPLOYMENT APPLICATION

What job position(s) are you interested in?

Landscape Division: _____

Retail Division: _____

Your interest in our organization is appreciated. We comply with all state and federal laws regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship status, age, or disability if otherwise qualified with or without reasonable accommodations.

If you have not been hired within forty-five (45) days of the date of your application, you must re-file if you are to be considered for future employment.

PERSONAL INFORMATION (Please Print) Application Date: _____ Birth Date: _____

NAME: Last _____ First _____ Middle _____ Social Security No. _____

ADDRESS: _____ City _____ State _____ Zip _____

PHONE: Home _____ Cell _____ Pager _____

* If you have lived at the above address for less than 12 months, list your previous address:

ADDRESS: _____ City _____ State _____ Zip _____

* Have you ever been known by any other name? Yes _____ No _____
 (This information is used for checking references only!)
 If yes, what was the name? _____

* Have you ever filed an application with us before? Yes _____ No _____

* Are you able to work: Full Time _____ Part Time _____ Summer _____ Seasonal _____

* On what date would you be able to start work? _____

* Are you currently employed? Yes _____ No _____

* Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

- * Are you a U. S. citizen? Yes _____ No _____ If not, do you have a registration card or a valid U. S. work permit? Yes _____ No _____
- * Are you over 18 years old and less than 70 years old? Yes _____ No _____

Education Record

High School Attended _____ Did you graduate: Yes _____ No _____
 Address: _____
 If you did not graduate circle the last year you completed: 0 1 2 3

College Attended _____ Did you graduate: Yes _____ No _____
 Address: _____
 List Diploma or Degree: _____
 If you did not graduate, circle the last year you completed: 1 2 3 4

Describe any **Specialized Training, Apprenticeships, Certificates, or Skills** you may have!

Are you a veteran of any of the **U.S. Military Services**? Yes _____ No _____
 If yes, what branch of the U. S. Military did you serve in? _____
 Dates Served: From: _____ To: _____
 Do you have any special Military training? Describe: _____

Employment History

List last three jobs starting with the most recent!

#1
Employer Name: _____ **Business Phone No.** _____
 Address: _____
Street City State Zip
Employment Dates: From: _____ To: _____ **Salary:** Starting _____ Ending _____
Your Position title: _____ **Immediate Supervisor:** _____
 Description of **Duties Performed** for them: _____

 Reason for changing jobs: _____

#2

Employer Name: _____ **Business Phone No.** _____

Address: _____
Street City State Zip

Employment Dates: From: _____ To: _____ **Salary:** Starting _____ Ending _____

Your **Position title:** _____ Immediate **Supervisor:** _____

Description of **Duties Performed** for them: _____

Reason for changing jobs: _____

#3

Employer Name: _____ **Business Phone No.** _____

Address: _____
Street City State Zip

Employment Dates: From: _____ To: _____ **Salary:** Starting _____ Ending _____

Your **Position title:** _____ Immediate **Supervisor:** _____

Description of **Duties Performed** for them: _____

Reason for changing jobs: _____

- * List a pay rate that would be acceptable to you as starting pay! \$_____ per hour.
- * Summarize any special skills or qualifications you may have acquired from other employment experiences. _____

- * May we contact your present employer if you are currently employed? Yes _____ No _____
- * Do you have a valid drivers license? ----- Yes _____ No _____
- * Do you have a valid chauffeurs' license? ----- Yes _____ No _____
- * If yes, what is the classification on your chauffeurs' license? _____
- * If you do not have a Missouri Chauffeurs' License, would you be able to get one? Yes _____ No _____
- * List the following drivers license information!
State: _____ License Number: _____ Type: _____

- * Have you had any moving violations in the past 3 years? ----- Yes _____ No _____
- * If Yes, Describe the violation and give the date! _____

- * Are you available to work: Full Time _____ Part Time _____ Other _____
- * Are there any hours that you would **not** be available to work? If so, please list them.

- * Have you ever been convicted of a felony? ----- Yes _____ No _____
If yes, describe in full! _____

- * How were you referred to us? Advertisement _____ Friend _____ Relative _____
Employment Agency _____ Employee _____ Other _____
- * Do any of your friends or relatives work for Hoffmann Hillermann Nursery? Yes _____ No _____
If yes, list their names. _____
- * Have you ever worked here before? ----- Yes _____ No _____
If yes, what were the dates? _____

Medical Information

Hoffmann Hillermann Nursery & Florist requires that each employee be physically qualified to perform the tasks required by the job. As a condition of employment each employee will be required to take a physical examination as necessary for the safety and welfare of the employee or fellow employees.

- * Do you have any disabilities? Yes _____ No _____ If yes, explain _____

- * Have you ever been compensated for a work-related injury? Yes _____ No _____
If yes, please explain. _____

- * Are you currently, or have you during the past six months been under the care of a physician?
Yes _____ No _____ If yes, please explain _____

Hoffmann Hillermann Nursery & Florist requires that each employee is free from the effects of drugs or alcohol while performing the tasks required by the job. As a condition of employment, each employee will be required to take a drug-screening test at the time of employment.

- * **Personal References:** List three persons who are well acquainted with you. Do **not** give names of relatives or previous employers.

	Name	Occupation	Phone number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

- * Please list any types of **equipment** that you are **experienced** with that you feel may be beneficial to Hoffmann Hillermann Nursery & Florist.

- * List any skills that you may have that relate to the type of work that you are applying for.

- * Describe how you feel that Hoffmann Hillermann Nursery would benefit from your employment.

- * Do you have any allergies that would prohibit you from working with plants, plant material, pesticides, herbicides, fertilizers, grass or grass clippings, or straw? Yes _____ No _____
If so, to which are you allergic? _____

- * As a landscape employee you would be required to do a lot of bending , stooping, lifting, pushing, and pulling. Would you have any trouble performing any of these functions for long periods of time? Yes _____ No _____ If yes, explain! _____

- * Have you ever missed 3 or more days of work due to an **illness** or **injury**? Yes _____ No _____
If yes, explain! _____

- * Have you ever missed 3 or more days of work for a reason **other than** an illness or injury? Yes _____ No _____ If yes, explain! _____

- * Do you understand that if employed, your attendance record must meet the requirements set by the company? Yes _____ No _____

* Landscaping work is a very **weather-related** occupation. There will be days when you are working in the rain, and days that you are sent home because of the rain. You may be sent home one day because of the rain and have to work 10 or more hours the next to make up some of the lost time from the day before. There will be days that it is 100 degrees outside, and you'll be out there working in it. During our busy seasons, Spring & Fall, you will be required to work a considerable amount of overtime to help with some of the workload.

Do you have any problems with any of the requirements listed above? Yes _____ No _____

If yes, please explain! _____

* Hoffmann Hillermann Nursery & Florist is in the **Snow Removal** business during the winter months in order to try to keep our employees busy during this season. Like the Highway Department, when the snow starts, we start. That may be all hours of the day or night. It may be all weekend, it may be Thanksgiving, Christmas, or New Year's Day. It sometimes involves very long and cold hours. You would be expected to work these hours. There is compensation for overtime and holiday pay.

Do you have any problems with these requirements? Yes _____ No _____

If yes, please explain! _____

Employment Prerequisites

Before employment, the applicant may be required to take a company provided **Physical Examination**. The results of any physical exam will be considered for employment purposes only as it relates to the ability to perform the essential functions of the position for which the applicant would be employed. All results of the physical exams are kept confidential.

All applicants will also be required to pass a **Drug Screening** test. During the applicant's term of employment, drug screening tests will be conducted anytime he or she is involved in any type of accident or has any kind of job-related injury. Along with this, there will be random drug screening tests, which the applicant will be required to take if his or her name should come up in the selection process. If at any time he or she should happen to fail any of these drug tests, his or her term of employment at Hoffmann Hillermann Nursery will be terminated. Upon failure, the employee will be charged the cost of testing.

The company that insures all of the vehicles for Hoffmann Hillermann Nursery & Florist will do a **Drivers License Check** on all Applicants to see if they will insure them to drive our vehicles. If they choose not to insure the applicant to drive our vehicles, then we cannot employ them.

Along with the above listed checks, the applicant will be asked to fill out a **Credit Application** form. This is a standard application form used for all of Hillermann's new customers and job applicants. This will authorize Hillermann Nursery & Florist Inc. to obtain information regarding his or her creditworthiness, standing or capacity, character, general reputation, personal character and/or mode of living.

* Do you understand and agree to all of the prerequisites stated above? Yes _____ No _____

Agreement

(Please read carefully)

Hoffmann Hillermann Nursery & Florist is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, national origin, citizenship status, age or disability if otherwise qualified with or without reasonable accommodation. No question on this application is asked for the purpose of limiting or excluding any applicant because of religion, sex, national origin, citizenship status, age or disability.

I certify that all information given by me on this application, or in supplement form, is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements, or consequential omissions of any kind on this application or supplement forms, are sufficient cause for my not being hired or my dismissal if I am hired.

I agree, understand and authorize that Hoffmann Hillermann Nursery & Florist or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the persons of organizations referenced in this application to give Hoffmann Hillermann Nursery & Florist any and 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 that may result from furnishing such information to Hoffmann Hillermann Nursery & Florist.

It is agreed and understood that this application for employment in no way obligates Hoffmann Hillermann Nursery & Florist to employ me. If employed, I agree and understand that my employment is for no definite duration and may be terminated at-will by either Hoffmann Hillermann Nursery & Florist or by me. I agree that participation in any of the benefit programs of Hoffmann Hillermann Nursery & Florist does not create a contract of employment for a definite period of time. Additionally, statements of company policy are not considered a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the officers of Hoffmann Hillermann Nursery & Florist have the authority to establish a contract of employment with me, and that such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, any company materials or tools entrusted to me during the course of my employment will be returned to the company on the last day of my employment, whether I resign or am terminated. Should I not be able to return any of the materials or tools issued to me during my term of employment, the company may deduct the value of the item or items from my equipment deposit. Should the equipment deposit not cover all of the material or tool cost, the company may withhold my last payroll check until such time as I pay the remaining cost of the missing equipment.

I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters affecting or related to the business of the employer, including, without limiting the generality of the foregoing, any of its customers, the prices it attains or has attained from the sell of, or which it sells or has sold, its services of products, its manner of operation, its plans, and any other "proprietary information." I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

Date: _____

Signature of Applicant: _____