

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE



FOR OFFICE USE ONLY
DATE RECEIVED _____
REVIEWED BY _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME _____
 FIRST _____ LAST _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

ARE YOU UNDER 18 YEARS OF AGE ? YES NO IF YES, CAN YOU PROVIDE PROOF OF WORK ELIGIBILITY? YES ____ NO ____

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? YES ____ NO ____

INDICATE POSITION YOU ARE APPLYING FOR _____

DESIRED WAGE _____ WHEN ARE YOU AVAILABLE TO START WORK _____

ARE YOU ABLE TO WORK OVERTIME AND WEEKENDS? _____

SKILLS LANDSCAPING POSITIONS ONLY

WHICH OF THE FOLLOWING SKILLS DO YOU POSSESS (PLEASE MARK WITH AN "X")

READ LANDSCAPING PLANS	_____	_____	BUILD STONE/BLOCK WALLS
LAYOUT FROM DRAWING	_____	_____	OPERATE A TRACTOR W/LOADER AND BLADE
SHAPE & EDGE PLANT BEDS	_____	_____	OPERATE A TRENCHER
TRIM PLANTS AND TREES	_____	_____	OPERATE A BOOM TREE TRUCK
KNOWLEDGE OF DIFFERENT PLANTS	_____	_____	

SKILLS IRRIGATION POSITIONS ONLY

WHICH OF THE FOLLOWING SKILLS DO YOU POSSESS (PLEASE MARK WITH AN "X")

READ IRRIGATION PLANS	_____
OPERATE A TRENCHER	_____
OPERATE A TRACTOR W/LOADER	_____
STATE BACK FLOW CERTIFICATION	_____
ST. LOUIS COUNTY BACK FLOW CERTIFICATION	_____
ST LOUIS COUNTY JOURNEYMAN LICENSE	_____

SKILLS OFFICE POSITIONS ONLY

WHICH OF THE FOLLOWING SKILLS DO YOU POSSESS (PLEASE MARK WITH AN "X")

TYPING	YES	_____	NO	_____
10 KEY	YES	_____	NO	_____

LIST COMPUTER AND ACCOUNTING PROGRAMS YOU HAVE EXPERIENCE USING (EX: MICROSOFT OFFICE, QUICKBOOKS, EXCEL, ETC)

LIST ANY SPECIALIZED TYPE OF OFFICE EQUIPMENT YOU HAVE USED:

EMPLOYMENT APPLICATION

PAGE 2

MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES	YES	_____	NO _____
ARE YOU A MEMBER OF THE NATIONAL GUARD	YES	_____	NO _____
SPECIFY _____	DATE ENTERED _____	DATE DISCHARGED _____	

EMPLOYMENT HISTORY	
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN BECAUSE OF A PROCEDURAL OR POLICY VIOLATION? _____ YES _____ NO	
IF YES, PLEASE EXPLAIN: _____	
DESCRIBE YOUR RELATIONSHIP WITH YOUR MOST RECENT SUPERVISOR _____	

PAST EMPLOYMENT	PLEASE LIST YOUR MOST RECENT JOB FIRST. IF YOU WERE SELF EMPLOYED, GIVE THE NAME OF THE FIRM. ATTACH ADDITIONAL SHEET IF NEEDED. IF YOU HAVE A RESUME, PLEASE ATTACH.
------------------------	---

NAME OF EMPLOYER _____ ADDRESS _____ PHONE NUMBER () _____ JOB DUTIES: _____ REASON FOR LEAVING: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">SUPERVISOR NAME</th> <th style="width: 30%;">DATES OF EMPLOYMENT</th> <th style="width: 40%;">PAY OR SALARY</th> </tr> <tr> <td style="height: 60px;"></td> <td>FROM: _____ TO: _____</td> <td>START: _____ END: _____</td> </tr> </table>	SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY		FROM: _____ TO: _____	START: _____ END: _____
SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY					
	FROM: _____ TO: _____	START: _____ END: _____					
NAME OF EMPLOYER _____ ADDRESS _____ PHONE NUMBER () _____ JOB DUTIES: _____ REASON FOR LEAVING: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">SUPERVISOR NAME</th> <th style="width: 30%;">DATES OF EMPLOYMENT</th> <th style="width: 40%;">PAY OR SALARY</th> </tr> <tr> <td style="height: 60px;"></td> <td>FROM: _____ TO: _____</td> <td>START: _____ END: _____</td> </tr> </table>	SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY		FROM: _____ TO: _____	START: _____ END: _____
SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY					
	FROM: _____ TO: _____	START: _____ END: _____					
NAME OF EMPLOYER _____ ADDRESS _____ PHONE NUMBER () _____ JOB DUTIES: _____ REASON FOR LEAVING: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">SUPERVISOR NAME</th> <th style="width: 30%;">DATES OF EMPLOYMENT</th> <th style="width: 40%;">PAY OR SALARY</th> </tr> <tr> <td style="height: 60px;"></td> <td>FROM: _____ TO: _____</td> <td>START: _____ END: _____</td> </tr> </table>	SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY		FROM: _____ TO: _____	START: _____ END: _____
SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY					
	FROM: _____ TO: _____	START: _____ END: _____					
NAME OF EMPLOYER _____ ADDRESS _____ PHONE NUMBER () _____ JOB DUTIES: _____ REASON FOR LEAVING: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">SUPERVISOR NAME</th> <th style="width: 30%;">DATES OF EMPLOYMENT</th> <th style="width: 40%;">PAY OR SALARY</th> </tr> <tr> <td style="height: 60px;"></td> <td>FROM: _____ TO: _____</td> <td>START: _____ END: _____</td> </tr> </table>	SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY		FROM: _____ TO: _____	START: _____ END: _____
SUPERVISOR NAME	DATES OF EMPLOYMENT	PAY OR SALARY					
	FROM: _____ TO: _____	START: _____ END: _____					
MAY BAXTER GARDENS CONTACT ALL OF THE ABOVE LISTED EMPLOYERS FOR REFERENCES? _____ YES _____ NO							

EMPLOYMENT APPLICATION

PAGE 3

BACKGROUND INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR / DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? NO ___ YES ___. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM FROM EMPLOYMENT.

IF YES, PLEASE EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENCE(S) LEADING TO CONVICTION(S), HOW RECENT SUCH OFFENCE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION.

DO YOU HAVE A VALID DRIVERS LICENSE? YES ___ NO ___

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____ EXPIRATION DATE _____

OPERATOR _____ COMMERCIAL (CDL) _____ CHAUFFER _____

HAVE YOU HAD ANY VEHICLE ACCIDENTS IN THE PAST THREE YEARS? YES ___ NO ___ HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST THREE YEARS? YES ___ NO ___ HOW MANY? _____

REFERENCES

NAME OF ANY EMPLOYEES YOU KNOW: _____

REFERENCES: PLEASE DO NOT LIST RELATIVES OR PAST EMPLOYERS

NAME: _____ PHONE NUMBER: _____ RELATION: _____

NAME: _____ PHONE NUMBER: _____ RELATION: _____

EMERGENCY CONTACT INFORMATION

NAME OF WHO TO CONTACT IN THE EVENT OF AN EMERGENCY _____ RELATIONSHIP _____

PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

CERTIFICATION

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, or inclusion of facts not requested represents grounds for elimination from consideration for employment, or termination after employment if discovered at later date. I authorize Weishaar Gardens, Inc, DBA Baxter Gardens of Chesterfield, to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If employed, I will be required to furnish proof to work in the United States and comply with Weishaar Gardens, Inc, DBA Baxter Gardens of Chesterfield personnel, company and safety policies. I further understand that my employment is "at-will" and that I also understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period thereafter, my employment relationship with the Company is terminable for any reason by either party. This information will be kept on file for a period of sixty (60) days, after which, if you would still like to be considered for employment as positions become available, you will be required to fill out another application.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____