



505 W. 186th Street Westfield, IN 46074
(317) 846-0620 **SundownGardens.com**
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accomodation to the application and/or interview process should notify a representative of the management staff.

Application Date _____

Name _____ Social Security # _____

Address _____

Telephone # () _____ Mobile Phone # () _____

Email Address _____

Position(s) applied for:

- Landscape/Maintenance (Crew/Foreman)
- Designer/Account Manager
- Retail Garden Shop /Nursery
- Delivery Driver
- Office/Administrative Support
- Other

Referral Source (Please check the appropriate category and name the source)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Job Fair _____
- Other _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before? Yes No

If **yes**, give dates _____

Have you ever been employed here before? Yes No

If **yes**, give dates: From _____ To _____

Are you legally eligible for employment in this country?

Yes No

Date available for work _____ / _____ / _____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: (check one)

- Full Time
- Part-Time
- Seasonal

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If **no**, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without) reasonable accommo-
dation)?

This question is not designed to elicit information about an applicant's disabili-
ty. Please do not provide information about the existence of a disability, particular
accommodation, or whether accommodation is necessary. These issues may be ad-
dressed at a later stage to the extent permitted by law.

Yes

No

Need more information about the job's "essential functions"
to respond

Driver's License number required if driving may be required in
the job for which you are applying.

_____ State _____

Answering "yes" to the following question does not constitute an automatic bar to
employment. Factors such as date of the offense, seriousness and nature of the viola-
tion, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted
of a crime? Yes No

If yes, please provide date(s) and details _____

EMPLOYMENT HISTORY

Start with most recent.

Employer	Dates Employed: _____ to _____
Street Address	Compensation (Starting)
Starting job title / Final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$
Why did you leave?	Compensation (Final)
Summarize the type of work performed and job responsibilities	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
What did you like about your position?	Commission/Bonus/Other Compensation
What did you like least about the position?	

Employer	Dates Employed: _____ to _____
Street Address	Compensation (Starting)
Starting job title / Final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate Supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$
Why did you leave?	Compensation (Final)
Summarize the type of work performed and job responsibilities	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
What did you like about your position?	Commission/Bonus/Other Compensation
What did you like least about the position?	

Employer	Dates Employed: _____ to _____
Street Address	Compensation (Starting)
Starting job title / Final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate Supervisor and title (for most recent position held)	Commission/Bonus/Other Compensation \$
Why did you leave?	Compensation (Final)
Summarize the type of work performed and job responsibilities	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
What did you like about your position?	Commission/Bonus/Other Compensation
What did you like least about the position?	

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

Have you every been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

EDUCATIONAL BACKGROUND

Start with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known
			()	
			()	
			()	

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Sundown Gardens, Inc. ("Employer") is true, complete and correct.

I expressly authorize, without reservation, Employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agents and public agencies, licensing authorities and educational institutions to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I expressly authorize Employer to utilize any information I have provided with this application, including but not limited to any identification information submitted, to conduct a background check with any public agency and/or private company to verify any information I have provided in this application. I hereby waive any and all rights and claims I may have regarding Employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this Employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Employer's authorized representative.

I also understand that if I am hired, I will be required to continue to provide and update any identification information and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Signature.

Signature of Applicant _____ **Date** _____