

# APPLICATION FOR EMPLOYMENT



**NORCAL NURSERY, INC.**  
 P.O. BOX 1012, 11810 HWY 99 E  
 RED BLUFF, CA 96080  
 (530) 527-6200

## *An Equal Opportunity Employer*

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other basis prohibited by federal, state or local law. Reasonable accommodation is available upon request in order to participate in the application process.*

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Are you seeking: Full-time  Part-time  Seasonal  employment? Date available for work \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number(s)
_____	_____	_____	_____

Present Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	_____

Former Address	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	_____

Are you 18 years of age or older?..... Yes  No   
*(If you are hired, you may be required to submit proof of age.)*

Social Security Number (Voluntary): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? ..... Yes  No

Have you ever filed an application with us before?..... Yes  No   
 If yes, when? \_\_\_\_\_

Have you ever been employed with us before? ..... Yes  No   
 If yes, when? \_\_\_\_\_

Have you worked under any other name?..... Yes  No   
 If yes, give names: \_\_\_\_\_

Have you ever been convicted or pled no contest to any criminal offense?..... Yes  No   
 If yes, indicate nature of offense, date, court and disposition. *(A conviction will not automatically disqualify an applicant from employment.)*

Are you currently employed?..... Yes  No

Is there anything that will interfere with your ability to perform, on a regular basis, the essential functions of the job for which you are applying?

---



---



---

For Driving Jobs *Only*: Do you have a valid driver's license? ..... Yes  No

Driver's License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_ State Licensed in: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No

If yes, give details:

<b><i>U.S. MILITARY SERVICE</i></b>				
Branch of Service:	Date In:	Date Out:	Where served:	Specialty:

Did your military service experience and training provide you with the skills you could put to use in this job?

<b><i>EDUCATION</i></b>				
School	Name and Address Of School	Years Attended	Did You Graduate? Degree Received	Major/Minors
High School			Diploma or G.E.D. (circle one)	
College				
College				
Other (Specify)				
Other (Specify)				

Indicate any skills or equipment that you have experience using that relate to the position you are seeking.

---



---



---

State any additional information you feel may be helpful to us in considering your application.

---



---



---

## ***EMPLOYMENT HISTORY***

*Start with your present or last job. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.*

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Ending	
Supervisor			
Reason For Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Ending	
Supervisor			
Reason For Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Ending	
Supervisor			
Reason For Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Ending	
Supervisor			
Reason For Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Ending	
Supervisor			
Reason For Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

Provide three personal/professional references. Do not include family members or former employers.

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

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Norcal Nursery, Inc., interest or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all parties and persons requesting or supplying information pursuant to such investigation from all claims, liabilities and damages for any reason arising out of the furnishings of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with Norcal Nursery, Inc.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT FOR EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Norcal Nursery, Inc, or myself.

If employed, I further agree that if Norcal Nursery, Inc advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any Norcal Nursery, Inc property, Norcal Nursery, Inc. is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_