

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

# PLANT PEOPLE, LLC EMPLOYMENT APPLICATION FORM

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.**

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

HOW LONG \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HOME PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL \_\_\_\_\_

IF UNDER 18, PLEASE LIST AGE \_\_\_\_\_ DATE YOU CAN START WORK \_\_\_\_\_

**EMPLOYMENT DESIRED:**

PLEASE LIST HOURS/DAY AVAILABLE FOR  
WORK. USE + TO INDICATE ABILITY TO  
WORK LATE. (EXAMPLE 7-4+)

FULL-TIME \_\_\_\_\_

PART-TIME \_\_\_\_\_ MON \_\_\_\_\_ FRI \_\_\_\_\_

TEMPORARY \_\_\_\_\_ (LESS THAN A YEAR) TUE \_\_\_\_\_ SAT \_\_\_\_\_

POSITION \_\_\_\_\_ WED \_\_\_\_\_ SUN \_\_\_\_\_

DESIRED PAY \_\_\_\_\_ THU \_\_\_\_\_

**DRIVING EXPERIENCE**

DO YOU HAVE A DRIVER'S LICENSE YES  NO  DL #: \_\_\_\_\_ STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ OPERATOR CLASS (C)  (M)  OR COMERCIAL (A)  (B)

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK YES  NO

HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE (3) YEARS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

ANY MOVING VIOLATIONS IN THE PAST THREE (3) YEARS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_\_ SPECIALTY \_\_\_\_\_

DATE ENTERED \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_\_\_

SCHOOL	NAME OF SCHOOL	LOCATION	YEAR COMPLETED	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

**WORK EXPERIENCE** – please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give the firm name. **Attach additional sheets if necessary.**

May we Contact your present Employer? \_\_\_\_\_

Did you complete this application yourself? \_\_\_\_\_ If not who did? \_\_\_\_\_

Company		Phone Number	
Location		Supervisor	
Employed	Job Title	Pay	
From:		Start:	
To:		Final:	
Reason for Leaving:			
List the jobs held, duties performed, skills, advancements, achievements or promotions received at this company.			

Company		Phone Number	
Location		Supervisor	
Employed	Job Title	Pay	
From:		Start:	
To:		Final:	
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Reason for Leaving:			
List the jobs held, duties performed, skills, advancements, achievements or promotions received at this company.			

**Please Read Carefully**  
**Applicant Verification and Acknowledgement**

I certify that the information contained in this application is correct to the best of my knowledge and understand that the falsification of this information is grounds for refusal to hire or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you 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 release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, in consideration for my being considered for employment by your company. I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without any prior notice, at any time, at the option of the company or me.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_