

The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion or national origin. The Age Discrimination In Employment Act of 1967, as amended, prohibits discrimination because of age. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, Straders intends to comply fully with all applicable employment laws.

# STRADER'S GARDEN CENTERS EMPLOYMENT APPLICATION Online

NAME.....HOME PHONE.....

HOME ADDRESS.....

.....DATE.....

POSITION APPLIED FOR.....

IN CASE OF EMERGENCY NOTIFY: NAME.....

ADDRESS.....PHONE.....

## PERSONAL INFORMATION

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE STATE AGE.....

REFEREED TO STRADERS FROM WHAT SOURCE ?.....

EARNINGS EXPECTED (PER HOUR).....ARE YOU EMPLOYED NOW? YES/NO.....

THIS APPLICATION IS FOR FULL TIME.....PART TIME.....TEMPORARY.....

IF TEMPORARY, PLEASE NOTE DATES.....

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR ? YES/NO.....

IS YOUR DRIVERS LICENSE UNDER SUSPENSION OR REVOKED ? YES/NO.....

DESCRIBE.....

STRADERS ATTEMPTS TO ACCOMMODATE SCHEDULE PREFERENCES. HOWEVER, SCHEDULING IS BASED ON BUSINESS DEMANDS AND EMPLOYEES CAN BE SCHEDULED FOR ANY SHIFTS. LIST TIMES YOU WOULD BE AVAILAIBLE FOR WORK

MON	TUES	WED	THURS	FRI	SAT	SUN
.....	.....	.....	.....	.....	.....	.....

## EDUCATION

SPECIFY HIGHEST GRADE COMPLETED.....TYPE OF SCHOOL.....

HIGH SCHOOL ATTENDED.....

DIPLOMA-DEGREE-CERTIFICATES ACHIEVED.....

SKILLS ACQUIRED FROM LEARNING EXPERIENCES.....

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.....  
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**EMPLOYMENT HISTORY PRESENT OR MOST RECENT EMPLOYER**

NAME OF COMPANY	TYPE OF BUSINESS	PHONE	
.....	.....	.....	
STREET ADDRESS	CITY	STATE	ZIP
.....	.....	.....	.....
YOUR POSITION AND TITLE	SKILLS NEEDED OR ACQUIRED IN THIS POSITION		
.....	.....		
DATES EMPLOYED & REASON FOR LEAVING.....			
.....			
MAY WE CONTACT THIS EMPLOYER YES/NO.....STARTING/FINAL SALARY.....			

NAME OF COMPANY	NEXT PREVIOUS EMPLOYER TYPE OF BUSINESS	PHONE	
.....	.....	.....	
STREET ADDRESS	CITY	STATE	ZIP
.....	.....	.....	.....
YOUR POSITION AND TITLE	SKILLS NEEDED OR ACQUIRED IN THIS POSITION		
.....	.....		
DATES EMPLOYED & REASON FOR LEAVING.....			
.....			
MAY WE CONTACT THIS EMPLOYER YES/NO.....STARTING/FINAL SALARY.....			

**REFERENCES**

Give below names of two references, not related to you, who have known you for at least one year.

NAME	ADDRESS	HOW ACQUAINTED	PHONE
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I authorize Strader's Garden Centers to contact and/or verify my employment references and other background information. Further, I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information. It is the policy of Strader's Garden Centers to check and verify information on this application.

It is understood that if my application is considered favorably, any false or misleading statement or information submitted on this application, or otherwise, including any report of medical history which I sign, may result in **IMMEDIATE DISMISSAL** without notice. I agree to undergo a pre-employment physical examination and drug screen, if requested, at company expense and realize that my employment is contingent upon my satisfactorily passing such examination. I further agree to periodic examinations and testing as may be required by Straders.

On entering the employ of Straders Garden Centers, I agree to be governed and abide by all the rules and regulations of my employer and to perform satisfactorily such duties as my be assigned to me from time to time. I understand that my employment is for no definite or fixed period of time and neither hours of work which may be assigned to me at any time nor any act or circumstances shall constitute a guarantee of employment or as to daily or weekly straight time or overtime working hours; if any. I further understand that employment is offered to me by Strader's Garden Centers, it will be on an at-will basis and may be terminated at any time, by either party with or without cause. No representative of Strader's Garden Centers has the authority to make any contrary agreement.

**I HEREBY CERTIFY THE STATEMENTS AND INFORMATION MADE ON THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETELY TRUE AND CORRECT; I HAVE READ THE ABOVE NOTICE.**

Signature.....Date.....