



Thank you for taking an interest in working for Mountain States Wholesale Nursery (MSWN). Please review the list of requirements below for a field labor position:

This is a very physical position, requiring the following tasks:

- Lift and carry up to 50 pounds for a minimum of 50 feet
- Lift and/or move plant material
- Frequently sit, stand, walk, reach, climb, balance, stoop, and kneel
- Work exclusively outdoors, often in extreme hot/cold weather conditions
- Complete a pre-employment drug screen
- All employees are subject to ongoing random drug testing

This position is designated as a "Safety-Sensitive Position". A Safety-Sensitive Position includes tasks or duties that Mountain States Wholesale Nursery in good faith believes could affect the safety or health of the employee performing the task or others.

If you agree to all the qualifications listed above, please sign below and begin our application.

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

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



**APPLICATION FOR EMPLOYMENT**

Mountain States Wholesale Nursery is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years old?  Yes  No

*If under 18, hire is subject to verification that you are of minimum legal age.*

Have you ever been in the Armed Forces?  Yes  No

**If yes** - Branch \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Have you ever used another name?  Yes  No

Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?  Yes  No

**If yes** to either of the above, please explain: \_\_\_\_\_

Have you ever worked for this company before?  Yes  No

**If yes**, please give dates and position: \_\_\_\_\_

Do you have friends and/or relatives working for this company?  Yes  No

**If yes**, name(s) and relationship(s): \_\_\_\_\_

On what date are you available to begin work: \_\_\_\_\_

Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you available to work?  Full-time  Part-time  Shift Work  Temporary

Minimum salary required: Per Hour \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Can you travel if the position requires it?  Yes  No

Can you relocate if the position requires it?  Yes  No

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

*We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.*

**EDUCATION**

Please describe your educational background in the table provided below.

School	Location (mailing address)	Years Completed	Major	Diploma/Degree (Yes/No)
<b>High School</b>				
<b>College/Trade School</b>				

**WORK EXPERIENCE**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references.

Employer Name	Immediate supervisor and title	Phone Number
Address		
City, State, Zip Code	Start Date	Start Salary
Last Job Title	End Date	Final Salary
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		

**WORK EXPERIENCE (continued)**

Employer Name	Immediate supervisor and title	Phone Number
Address		
City, State, Zip Code	Start Date	Start Salary
Last Job Title	End Date	Final Salary
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		

**REFERENCES**

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Mountain States Wholesale Nursery to hire me. If I am hired, I understand that either Mountain States Wholesale Nursery or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Mountain States Wholesale Nursery has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Mountain States Wholesale Nursery true and complete information on this application. No requested information has been concealed. I authorize Mountain States Wholesale Nursery to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**