

Hawks Application for Employment

2260 Old Richardson Hwy, North Pole, AK 99705 Phone: 907-488-6119 • Fax: 907-488-9595 • office@hawksgreenhouse.com

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(Please Print Clearly or Type)

Name:				Date of App	olication:	
Last		First	Middle			
Phone #: Best time to call:						
Current Address:						
Are you legally employat	ole in the United	States? (ci	rcle one) Yes	No		
State Age if under 18 or	over 70					
Circle position applying f	or: Growin	g/Planting	Cashier	General I	_abor	
Do you want Full-Time _	Part Tim	ne	R	ate of pay e	xpected \$	
Specify days & hours av	ailable. We sche	dule work fro	om 8:00am-7:30	Opm MonS	at. & 9:00am-6:0	00pm Sun.
Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
End:						
Are you free to work wee	ekends if necess	ary?	0	vertime if as	sked?	
What date are you availa	able to start work	:?			_	
Have you filed an applica	ation here before	?	Date:	Are y	ou employed no	w?
May we contact your cur	rent employer?		Are you on lay	/-off and sub	oject to recall? _	
Do any of your friends or If yes, list names:				e?		
Have you been convicted If yes, please explain: _						
yee, pieaee explaiii <u> </u>						
List any special experien	=			ould especi	ally fit you for wo	ork with our

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Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying?				
Do you have any allergies?If yes, please explain:				
Can you lift to your waist, and carry for 100 feet, a 40lb bag? (circle one) Yes	No			
Do you smoke? (circle one) Yes No				
Do you have a valid Alaska Driver's License? (circle one) Yes No				
Why did you choose to apply for employment at Hawks Greenhouse?				
What are your long term career goals?				
How will your potential employment at Hawks Greenhouse help you to reach these				
AGREEMENT				
I certify that the answers given herein are true and complete to the best of my known	owledge.			
I authorize investigation of all statements contained in this application for employer arriving at an employment decision.	ment as may be necessary in			
In the event of employment, I understand that false or misleading information give interview(s) may result in discharge. I understand, also, that I am required to abid of Hawks Greenhouse. I understand that, if hired, for the safety of myself, my cow Greenhouse is a drug free workplace. By signing below, I agree to random drug t working under the influence will result in immediate dismissal.	le by all rules and regulations vorkers and customers Hawks			
I understand and agree that, if hired, my employment is for no definite period and time without prior notice, regardless of the date of payment of my wages and sala	-			
Signature of Applicant Date				

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RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Circle Last Year Completed	Did you graduate?	List Diploma or Degree
High			1 2 3 4		
College			1 2 3 4		
Other (specify)			1 2 3 4		

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin.)

Employer		Da	Dates	
		From	Starting	
Address				
Phone#	Job Title		-t-/l	
			Hourly rate/salary	
Supervisor		Starting	Final	
Reason for Leavir	ng			

Employer		Dates		Work Performed
		From	Starting	
Address				
Phone#	Job Title	Hourly ra	ate/salary	
Supervisor		Starting	Final	
Reason for Leaving				

Employer		Da	Dates	
		From	Starting	
Address				
Phone#	Job Title	Hourly ra	ate/salary	
Supervisor		Starting	Final	
Reason for Leav	ing			

Hawks Greenhouse - Application for Employment Work Performed **Dates Employer** From Starting Address Phone# Job Title Hourly rate/salary Starting Final Supervisor Reason for Leaving Work Performed **Dates Employer** From Starting Address Phone# Job Title Hourly rate/salary Starting Final Supervisor Reason for Leaving If you need additional space, please continue on a separate sheet of paper. We may contact the employers listed above unless you indicate those you do NOT want us to contact. **Employer NOT to contact** Reason MILITARY SERVICE RECORD What branch of the military did you serve in? Dates of service Rank at Discharge From То List duties performed while in service, include any special training. **REFERENCES** Name Phone # Relationship to Applicant