



1310 MCGEE AVENUE • BERKELEY, CALIFORNIA 94703 • TEL: 510-526-4704

Berkeley Horticultural Nursery is an Equal Opportunity Employer which means that no person should be excluded from consideration for employment on the basis of race, color, religion, sex, age, national origin, veteran's status, or visual, aural, mental or physical disability/handicap.

NAME	LAST	FIRST	MIDDLE	STATUS DESIRED CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EITHER CHECK ONE: <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> EITHER
ADDRESS				
CITY		STATE	ZIP	SHIFT DESIRED CHECK ONE: <input type="checkbox"/> DAY <input type="checkbox"/> OTHER LIST ANY DAY(S) OF THE WEEK OR TIME(S) YOU WOULD NOT BE AVAILABLE FOR WORK:
TELEPHONE NUMBER		SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		STATE ISSUED		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF POSITION DESIRED				
SALARY EXPECTED		DATE AVAILABLE FOR EMPLOYMENT		

Job History

NAME OF MOST RECENT EMPLOYER (COMPANY OR FIRM) COMPLETE ADDRESS (STREET, CITY, STATE) DATE HIRED (MONTH/YEAR) DATE TERMINATED (MONTH/YEAR) YOUR LAST TITLE FINAL SALARY REASON FOR LEAVING	NAME OF MOST RECENT EMPLOYER (COMPANY OR FIRM) COMPLETE ADDRESS (STREET, CITY, STATE) DATE HIRED (MONTH/YEAR) DATE TERMINATED (MONTH/YEAR) YOUR LAST TITLE FINAL SALARY REASON FOR LEAVING
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Work References (List 3 Former Supervisors)

NAME	TITLE	BUSINESS	PHONE NUMBER

Education & Licenses

HAVE YOU GRADUATED FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HOLD ANY SPECIAL LICENSES, PERMITS OR CERTIFICATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGES OR VOCATIONAL SCHOOLS ATTENDED					
NAME & LOCATION OF SCHOOL	AREA OF STUDY	DATE ATTENDED	NAME OF LICENSE, PERMIT OR CERTIFICATE	ISSUED BY	EXPIRATION DATE

Convictions

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN (7) YEARS WHICH HAS NOT BEEN CLEARED (EXPUNGED, SEALED, OR STATUTORILY ERADICATED) FROM YOUR RECORD? (CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT) <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE EXPLAIN, INCLUDING DATES:	

Disabilities

DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL, OR MEDICAL (INCLUDING VISUAL AND/OR AURAL), WHICH MAY INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE DESCRIBE THE DISABILITY AND ACCOMMODATION, IF ANY, WHICH YOU BELIEVE WOULD PERMIT YOU TO PERFORM THE JOB:	

All Applicants Must Read & Sign

<p>I certify that all statements I have made on this application, or in any attachments by me, are true.</p> <p>I understand and agree that, should I be employed by Berkeley Horticultural Nursery, falsification or omission of any information provided on this form, or attachments to it, is sufficient grounds for termination of my employment with Berkeley Horticultural Nursery without incurring any liability or obligation.</p> <p>I further understand that, should I be employed by Berkeley Horticultural Nursery, my employment will have no specified duration and may be terminated at any time, with or without cause or reason, upon oral or written notice. Termination will be effective upon oral or written notice.</p> <p>I have read the above paragraphs, understand their importance and effect on my employment, and accept the same as conditions of my employment by Berkeley Horticultural Nursery.</p> <p>Today's Date: _____ Applicant's Signature: _____</p>	
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For Office Use Only

INTERVIEWED BY	STATUS	NOTES