



Prairie Moon[®] Nursery

32115 PRAIRIE LANE | WINONA, MN 55987
507.452.1362 | FAX 507.454.5238

APPLICATION FOR EMPLOYMENT

Applicant Information				DATE	
LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY		STATE
PHONE			EMAIL		
DO YOU HAVE A VALID DRIVERS LICENSE? Y <input type="checkbox"/> N <input type="checkbox"/>			STATE OF ISSUE		EXPIRATION DATE
HAVE YOU HAD ANY DRIVING ACCIDENTS OR MOVING VIOLATIONS IN THE PAST THREE YEARS? Y <input type="checkbox"/> N <input type="checkbox"/>			IF YES, HOW MANY?		ARE YOU 18 YEARS OR OLDER? Y <input type="checkbox"/> N <input type="checkbox"/>
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES Y <input type="checkbox"/> N <input type="checkbox"/>					

Employment Information					
POSITION(S) AT PRAIRIE MOON NURSERY FOR WHICH YOU ARE APPLYING					
ARE YOU EMPLOYED AT THE PRESENT TIME? Y <input type="checkbox"/> N <input type="checkbox"/>		IF YES, PLEASE COMPLETE THE INFORMATION BELOW.			
CURRENT EMPLOYER'S NAME			MANAGER		PHONE
CURRENT EMPLOYER'S ADDRESS				MAY WE CONTACT YOUR PRESENT EMPLOYER? Y <input type="checkbox"/> N <input type="checkbox"/>	
HOW LONG HAVE YOU BEEN WITH THIS EMPLOYER?		PRESENT SALARY/WAGE		CURRENT POSITION	
YEARS		MONTHS			
IF OFFERED A POSITION, WHEN CAN YOU REPORT FOR WORK?			HAVE YOU EVER BEEN DISMISSED, OR ASKED TO RESIGN FROM ANY POSITION? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, EXPLAIN:		

Education Information			<i>Please list all schools attended and any other pertinent information about your education.</i>		
SCHOOL/INSTITUTION		CITY/STATE SUBJECT		DID YOU GRADUATE? Y <input type="checkbox"/> N <input type="checkbox"/>	
SUBJECT/FOCUS					
SCHOOL/INSTITUTION		CITY/STATE SUBJECT		DID YOU GRADUATE? Y <input type="checkbox"/> N <input type="checkbox"/>	
SUBJECT/FOCUS					
SCHOOL/INSTITUTION		CITY/STATE SUBJECT		DID YOU GRADUATE? Y <input type="checkbox"/> N <input type="checkbox"/>	
SUBJECT/FOCUS					
SCHOOL/INSTITUTION		CITY/STATE SUBJECT		DID YOU GRADUATE? Y <input type="checkbox"/> N <input type="checkbox"/>	
SUBJECT/FOCUS					

Work Experience

Please list your work experience for the past five years beginning with your most recent job held.

EMPLOYER AND ADDRESS	POSITION	SALLARY/WAGE
REASON FOR LEAVING	DATE STARTED	DATE ENDED
EMPLOYER AND ADDRESS	POSITION	SALLARY/WAGE
REASON FOR LEAVING	DATE STARTED	DATE ENDED
EMPLOYER AND ADDRESS	POSITION	SALLARY/WAGE
REASON FOR LEAVING	DATE STARTED	DATE ENDED
EMPLOYER AND ADDRESS	POSITION	SALLARY/WAGE
REASON FOR LEAVING	DATE STARTED	DATE ENDED
SUBJECT/FOCUS		
WHICH OF THESE JOBS DID YOU LIKE THE BEST?		
WHAT DID YOU LIKE MOST ABOUT THIS JOB?		

(If longer than two lines please continue this in additional email or attachment)

References

Please list three references other than relatives.

NAME AND ADDRESS	YEARS ACQUAINTED
PHONE	RELATIONSHIP
NAME AND ADDRESS	YEARS ACQUAINTED
PHONE	RELATIONSHIP
NAME AND ADDRESS	YEARS ACQUAINTED
PHONE	RELATIONSHIP

Additional Information

Please use the space below to summarize additional information or qualifications for the position which you are applying.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE	DATE
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