

Miller Creek GARDEN CENTER		4818 Swan Lake Road Hermantown, MN 55811 218-727-3040			
En Personal Information	nployment A _l	pplication for	r Garden Cen	ter	
NameDate					
Current AddressPhone Number ()Are you prevented from law	Are you 18 :	years of age or older		atus?	
Employment Desired Position_ Have you ever been employ Are you available for full o	yed here before? or part time hours?	If yes, d Holic	ates of employment lay and weekend hours	s?	
Summer only?	Are you currently att	ending school?	Are you emp	loyed now?	
Education (Starting with F School, Name &		Course of Study	Years Completed	Degree/C	art /Dinloma
School, Name &	Audress	Course of Study	rears completed	Degree/C	ei t./Dipioma
Work Experience (Descri	be all work experience	ce, paid and unpaid	starting with the most	recent.)	
Position:	Name of Organization:			☐ Part time	
Phone Number:	Supervisor:		May we contact?:		☐ Full time
City:	State: Dates Employed:			□ Volunteeı	
Duties:	Starting Wage:		Ending Wage:		☐ Other
Position:	Name of Organization:			☐ Part time	
Phone Number:	Supervisor:		May we contact?:		☐ Full time
City:	State: Dates Employed:			□ Volunteer	
Duties:	Starting Wage:		Ending Wage:		☐ Other
Position:	Name of Organization:			☐ Part time	
Phone Number:	Supervis	Supervisor:		May we contact?:	
City:	State: Dates E		nployed:		□ Volunteer
Duties:	Starting V	Wage:	Ending Wage:		☐ Other

Special			
Any specialized training?	Where? How long?		
Equipment operation experience?	What?	How long?	
Computer and/or point of sale register	experience?		
Personal References (Professional refe	erences only do not list famil	v members or friends)	
	<u> </u>	Years Known	
Occupation	Phone ()	Best time to Contact	
	1 none ()	Best time to contact	
Name	Relationship	Years Known	
Occupation	Phone ()	Best time to Contact	
Name	Relationship	Years Known	
Occupation	Phone ()	Best time to Contact	
Special Considerations for Garden C	Center (Answers will not disq	ualify you from consideration.)	
Are you interested in learning about pla		Y N	
Are you willing/excited to share inform	2		
Are you able to bend to lift from the gr	•		
Are you able to lift plants, soil, etc. we		Y N Y N	
Are you able to work outdoors in all se	Y N		
•			
Are you able to spend hours on your fe		Y N	
Are you willing to operate or learn to o	-	Y N	
Are you able to work the following hol	•		
Memorial Day, Fourth of July, Labor I	•		
Do you have pre-existing knowledge of	f plants, gardening and/or land	dscaping? Y N	
*If you answered yes to the last	question, please describe her	e:	
•	-		
If you answered no to any of the above	questions please explain why	:	
Emergency Contact Information			
		Phone ()	
Address			
Applicant Statement			
Applicant Statement *I certify that all of the information I have provided in ord	or to apply for and secure work with the am	player is true, complete and correct	
		ontact and obtain information from all references, employers, public	
agencies, licensing authorities and educational institutions	and to otherwise verify the accuracy of all in	nformation provided by me in this application, resume, or job interview.	
I hereby waive any and all rights and claims I may have re the employment process and all other persons, corporation		or representatives, for seeking, gathering and using such information in	
		is application is used for the purpose of limiting or excusing any	
applicant from consideration for employment on a basis pr	ohibited by applicable local, state or federal	law.	
		e not heard from the employer and still wish to be considered for	
employment, it will be necessary to reapply and fill out a r *If I am hired. I understand that I am free to resign at any		r notice, and the employer reserves the same rights to terminate my	
employment at any time, with our without cause and without	out prior notice, except as may be required by	y law. This application does not constitute an agreement or contract for	
		ive of the employer is authorized to make any assurance to the contrary unless they are in writing and signed by the employer's president.	
		o work in the United States and that federal immigration laws require	
me to complete an I-9 Form in this regard.			
*I understand that any information provided by me that is consideration of this application, or (ii) immediately discharged		ted in any respect will be sufficient cause to (i) cancel further	
DO NOT SIGN UNTIL YOU HAVE			
I certify that I have read, fully under	stand and accept all terms of	of the foregoing Applicant Statement:	
Signature of Applicant		Date	