



EMPLOYMENT APPLICATION

Lincoln Park Nursery

147 Old Niagara Falls Blvd.

Amherst NY 14228

And

5707 Shawnee Rd

Cambria NY 14132

Lincoln Park Nursery is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws.

(PLEASE PRINT IN INK)

| | | | |
|---|-------------------------|----------------------------|-----------------|
| Position(s) Applied For | | Date of Application | |
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Telephone Number | Alternate Number | | |
| How Did You Hear About Us? | | | |
| <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____ | | | |

Are you legally eligible to work in the United States? YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to Lincoln Park Nursery before? *(If yes, please give date.)* _____ YES NO

Have you ever worked for Lincoln Park Nursery before? (If yes, please give date.) _____ YES NO

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) YES NO

If yes, please explain: _____

Do you have a valid driver's license? (For driving positions only.) YES NO

Have you been convicted of any moving violations in the past five years? YES NO

If yes, please explain: _____

Is anyone related to you employed by Lincoln Park Nursery? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been terminated or asked to resign from a job? YES NO

If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----|--------|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | | |
| PM | | | | | | | |

EDUCATION

| | Name and Location of School | Course of Study or Major | # of Years Completed | Diploma/ Degree |
|-------------|-----------------------------|--------------------------|----------------------|-----------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Graduate | | | | |
| Vocational | | | | |

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Lincoln Park Nursery)*

| | | | |
|---|---|---|-------------------------------------|
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| Phone | Describe your duties: | | |
| Reason for leaving and explanation | | | |

| | | | |
|---|---|---|-------------------------------------|
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| Phone | Describe your duties: | | |
| Reason for leaving and explanation | | | |

| | | | |
|---|---|---|-------------------------------------|
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| Phone | Describe your duties: | | |
| Reason for leaving and explanation | | | |

| | | | |
|---|---|---|-------------------------------------|
| Company Name | Employment Dates From To | Salary Start End | Name and Title of Supervisor |
| Address | | \$ \$ | |
| Phone | Describe your duties: | | |
| Reason for leaving and explanation | | | |

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

| Name | Address | Phone Number | Relationship / Occupation | Years Known |
|-------------|----------------|---------------------|----------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Lincoln Park Nursery (hereinafter referred to as "Lincoln Park Nursery" that such employment with Lincoln Park Nursery is at-will, with no specified duration and may be terminated by either Lincoln Park Nursery or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Lincoln Park Nursery or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Lincoln Park Nursery except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Lincoln Park Nursery.

In consideration for employment with Lincoln Park Nursery, if employed, I agree to conform to the rules, regulations, policies and procedures of Lincoln Park Nursery at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Lincoln Park Nursery business, attendance and punctuality are considered essential requirements of every job at Lincoln Park Nursery and that poor attendance or tardiness will result in disciplinary action including but not limited to termination.

I understand that if offered a position with Lincoln Park Nursery I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Lincoln Park Nursery and/or any of its representatives, agents or vendors.

I understand that this application is considered current for one year (twelve months). If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

LINCOLN PARK NURSERY IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, GENDER, SEXUAL ORIENTATION, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, PHYSICAL OR MENTAL DISABILITY, SEVERE/MORBID OBESITY, MEDICAL CONDITION, MILITARY OR VETERAN STATUS, GENETIC INFORMATION, MARITAL STATUS, ETHNICITY, ALIENAGE OR ANY OTHER PROTECTED CLASSIFICATION, IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

Legal Disclaimer: The Employment Application is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes, and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.