



and Companies
Since 1878

Application For Employment

Belle Plaine Nursery & Co., Inc.
506 4th Ave
Belle Plaine Iowa 52208
Phone: 888-202-BPNC (2762)
FAX: 319-444-3021
E-mail: info@belleplainenursery.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, veteran status, marital status, disability or any class status protected by law.

Date of Application:

Position(s) Applied for _____

Name _____

Address _____

City _____ Zip Code _____

Phone _____

E-mail _____

Alternate Phone _____

Date of Birth ____/____/____

Are you married Yes____ No____

Are you legally eligible for employment in the USA: Yes____ No____

Are you now employed? _____ Where? _____

May we contact your present supervisor? If yes, please identify by name and phone number:

If not presently employed, how long since leaving last employment? _____

Have you ever been employed with our Company before? Yes___ No__

Date available to begin work: ____/____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal

Are you able to meet the attendance requirements of the position? Yes___ No__

Rate of pay expected _____



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Most of our positions require heavy physical labor, including frequently lifting ___ pounds, occasionally lifting ___ pounds, standing, twisting, bending, stooping, and being on your feet most of the day . Is there anything that would prevent you from performing the essential duties of the job? Yes___ No__

If yes, please explain whether there is any reasonable accommodation the company many consider to enable you to perform the essential job functions, provided such accommodation does not place an undue burden on the Company: _____

Previous Employment History

List last employment first. Include summer or temporary jobs. Be sure all your experience or employers are listed here or use an extra sheet of paper if necessary

Company _____
Contact Name _____ Phone _____
Address _____
E-mail _____
Position Held _____ From ___ / ___ / ___ To ___ / ___ / ___
Starting Pay _____ Ending Pay _____
Responsibilities _____
Reasons for leaving _____

Company _____
Contact Name _____ Phone _____
Address _____
E-mail _____
Position Held _____ From ___ / ___ / ___ To ___ / ___ / ___
Starting Pay _____ Ending Pay _____
Responsibilities _____
Reasons for leaving _____



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Company _____
Contact Name _____ Phone _____
Address _____
E-mail _____
Position Held _____ From ___/___/___ To ___/___/___
Starting Pay _____ Ending Pay _____
Responsibilities _____

Reasons for leaving _____

Military Status

Have you served in the U.S. Armed Forces? _____
Branch _____
Dates: From ___/___/___ To ___/___/___
Rank at Discharge _____
Date of Discharge ___/___/___

Education

High School last attended _____
Graduated Yes___ No___

College/University last attended _____
Graduated Yes___ No___ Date ___/___/___

Other Education (business, technical or secretarial, etc.)

Other Certifications, Experience and Qualifications

List any relevant skills, experience or equipment you can operate which pertains to the position for which you are applying:



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How did you learn about our company?

Employment Agency _____ Friend _____
Relative _____ Trade Show _____
Internet/Website _____ Newspaper _____
Other _____

If a referral, please identify who referred you:

References: List three personal references who are not relatives or former supervisors

Name _____ Phone _____
Occupation _____ Years Known _____
E-mail _____
Name _____ Phone _____
Occupation _____ Years Known _____
E-mail _____
Name _____ Phone _____
Occupation _____ Years Known _____
E-mail _____



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Criminal History

Have you ever been convicted, pled guilty, pled "no contest" or admitted guilt (including participation in a first time offender program) to any misdemeanor or felony crime?

Yes_____ No_____

If yes, EXPLAIN: (include where, dates, offense and sentence)

(Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying.)

Driving Experience

Driver License(s) Number: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

A) Yes_____ No_____

B) Has any license, permit or privilege ever been suspended or revoked? Yes_____ No_____

If the answer to either A or B is YES, attach statement giving details.

List states operated in for last five years:

Accident Record for Past 3 Years or more (attach sheet if more space is needed)

Dates, Nature of Accident, Fatalities or Injuries

Last Accident_____

Next Previous_____

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

List if any:

TO BE READ AND SIGNED BY APPLICANT



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I certify that all the information on this application, and accompanying resume, if any, is accurate and complete to the best of my knowledge and belief. I also agree that any falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. Therefore, I authorize a thorough investigation of my past employment and activities, including a credit check, reference check and criminal record check; agree to cooperate in such investigations; and release from all liability or responsibility all persons and corporations requesting or supplying such information

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the company reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the company, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

Printed Name: _____

Signature: _____

Date: ____/____/____