

APPLICATION FOR EMPLOYMENT

Name:								
Address:		Phone:						
City/Prov:				Cell Phone:				
Postal Code:				Email:				
Availability: (please ke	ep in mind our	busiest times a	are weeke	ends/holidays)				
[] Evenings			[]	Specific Days:				
[nds S	[]	Full Time Part Time					
EDUCATION B	egin with most	recent						
School/Institution & Years Attended		Program/Course of Study			Year Diploma / Degree Received			
WORK EXPERIENCE Please list previous three employers (begin with most recent)								
Company, Location & Date & Length type of Business employment				uties and ponsibilities	Reason for Leaving	Supervisor's Name & #		

HORTICULTURAL EXPERIENCE	IORTICULTURAL EXPERIENCE May include any volunteer work, internships or projects							
Organization, Location & Type of Work	Date	& Length	Duties and Responsibilitie	s Supervisor's Name & Number				
	L							
PERSONAL REFERENCES Applicants are asked not to list former employers								
Name, Occupation & Relationship				none Number				
Name, Occupation & Relationship	Address			Thore Number				
	-							
Do you have any physical limitations, illness or disability that would prevent you from regularly lifting or carrying up to approximately 50 pounds?								
Please summarize any additional experi	ences.	skills, or qua	alities vou possess which m	ay be relevant specifically to				
Please summarize any additional experiences, skills, or qualities you possess which may be relevant specifically to Plantation Garden Centre.								
Figure 1 Surger Series.								
I understand that the information I have given is true and if employed, any false statements may result in immediate termination.								
DATE:		SIGNATU	DE.					
DATE.		SIGNATU	NL.					