

EMERGENCY CONTACT:	Cell Phone: _____
	Alt. Phone: _____

Work Experience: List 3-4 of your most recent employers, beginning with the most recent.

Name and Address of Company: _____		
Dates Employed -	Phone: _____	Supervisor: _____
	Type of Work: _____	
	Wage: _____	Reason Left: _____

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Dates Employed -	Phone: _____	Supervisor: _____
	Type of Work: _____	
	Wage: _____	Reason Left: _____

I hereby affirm that the information in my application is true and complete. I authorize each former employer, except as indicated, to answer all questions that may be asked and to give all information that may be sought during a reference check.

Applicant Signature: _____ Date: _____

This form has been designed to strictly comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or race. We are an Equal Opportunity Employer.

**Please submit application to: David Lewis Garden Center Manager
DavidL@sargentsnursery.com | 651-388-3847**

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Interviewed By: _____ Date: _____

Remarks: _____

Hired: Position _____ Start Date: _____ Wage: _____