



**EMPLOYMENT APPLICATION**

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 stephanie@bernsgardencenter.com

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Berns Greenhouse & Garden Center Corporation** is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, pregnancy status, sexual orientation, gender identity, marital status, national origin, age, genetic information, veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

**Berns Greenhouse & Garden Center Corporation** provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions, as required by federal, state, and local law. Any individual requiring accommodation/modification to complete this job application, or to participate in the application process, should call the Human Resource Department.

**THIS IS A DRUG FREE WORKPLACE**

**PERSONAL INFORMATION**

Name (Full - Last, First, MI)		What date are you available to start work?	
Street Address		City	State Zip
Home Phone	Business Phone	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Do you have any friends or relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (You are required to provide proof of eligibility to work in the U.S. no later than the 3 <sup>rd</sup> day of employment.)		Position applied for:  Desired Wages/Salary:  I prefer to work _____ hours per week (see availability below)	
Do you have steady transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have a valid driver's license? <input type="checkbox"/> Y <input type="checkbox"/> N State: _____		Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ Have you even been convicted or received a sentence for a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No *Do not disclose sealed convictions, sealed or expunged convictions or bail forfeitures If yes, give dates and explain: _____	
Have you been convicted on any moving violation(s) in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and explain: _____			

**Specify the hours you are available to work each day (must be completed for consideration)**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**EDUCATION**

High School	Circle grade completed: 1 2 3 4				Did you graduate?	
City/State				Degree Received Or Expected	Average Grade	Course major/Field
College				Degree Received Or Expected	Average Grade	Course Major/Field
City/State						

**United States Military Experience**

Please describe any job-related military training or experience in the United States armed forces:

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

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**EMPLOYMENT HISTORY (List below last employers, starting with the most recent one first)**

***\*Additional pages must be requested & completed to add complete employment history***

Present or Last Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	If currently employed, may we contact your supervisor?

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

Next Previous Position	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties:		Reason for Leaving	
Starting Annual Salary	Final Annual Salary	Bonus	Commission
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

**Applicant Statement**

*PLEASE READ CAREFULLY BEFORE SIGNING THIS STATEMENT*

I understand that in accepting this application, Berns Greenhouse & Garden Center Corporation is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered.

I certify that the facts contained in this application and any resume that I may submit in connection with seeking a job with Berns Greenhouse & Garden Center Corporation are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application, resume, or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.

I also understand that if I am subsequently offered employment, the offer is conditioned upon my successful completion of all post-conditional offer requirements such as background check, drug test, employment reference screening, job skills and aptitude testing, and educational reference screening. I understand that my refusal to provide written consent to any of the post-conditional offer requirements will result in the revocation of the offer. Similarly, I understand that if I fail to successfully complete any post-conditional offer requirements, the offer of employment will be revoked.

I further understand that any subsequent offer of employment is conditioned upon my ability to timely provide appropriate documents regarding my identity and legal right to work in the United State.

If I become employed by the Berns Greenhouse & Garden Center Corporation, I understand my employment is at-will and can be terminated, with or without cause and with or without notice, at any time at the option of myself or Berns Greenhouse & Garden Center Corporation.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_