

Dunvegan Gardens Employment Application

Date:	
Name:	
Address:	
Phone:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Date:	Month: Day: Year:
What Position are you applying for?	cashier <input type="checkbox"/> transplanter <input type="checkbox"/> nursery <input type="checkbox"/> landscape <input type="checkbox"/> labourer <input type="checkbox"/>
Check One:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
If Part Time, when are you available?	
Are you available to work evening shifts (noon to 9pm) on a rotational schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work Saturdays or Sundays on a rotational schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you capable of physical labour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical conditions that may affect your work? (allergies, bad back, chronic conditions)	
Do you Smoke:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Tobacco Mosaic Virus can affect our tomato and cucumber plants. Being a non-smoker is NOT necessary for employment at Dunvegan Gardens.	
Please list your most recent places of employment:	
1. Company:	
Location:	
Phone:	
Supervisor's Name:	
Start Date & End Date:	
2. Company:	
Location:	
Phone:	
Supervisor's Name:	
Start Date & End Date:	
Do you have references available?	
I hereby certify that the information provided is accurate.	
Signature:	