



## APPLICATION FOR EMPLOYMENT

Please print all information requested *except* signature.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
First, Middle Initial, & Last Cell Preferred

Address \_\_\_\_\_  
City State Zip Code

Date of Birth (year optional) \_\_\_\_\_ If under 18, list age \_\_\_\_\_

Why do you want to work for Janoski's?

Are you willing to work wherever needed - Market, Greenhouse\*, Garden Center, Gift Shop, Bakery, Wine Room (age dependant)?  Yes  No  
\*NOTE: all Greenhouse employees will migrate to the Market after June

Are you applying for a specific department?  Yes  No

If yes, which department? \_\_\_\_\_

Have you ever worked directly with the public before and would you be comfortable with a lot of customer interaction?  Yes  No

We need employees that are friendly, outgoing, polite, responsible, dependable, and confident. Do you fit this description and how?

Do you know anyone that works or has worked for Janoski's?  Yes  No

If yes, whom? \_\_\_\_\_

### AVAILABILITY

Days / hours available to work:

Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

Thursday \_\_\_\_\_ No Preference

How many hours can you work weekly? \_\_\_\_\_

Can you work evenings & weekends?  Yes  No

Employment desired:

- Full-time only       Part-time only       Full or Part-time

Are there any vacations, transportation difficulties, etc. that may interfere with working hours? Please list them below.

**STUDENT APPLICANTS:** Because we strongly encourage students to be outgoing, independent, & proactive individuals throughout the application and employment process, we cannot consider student applications filled out and/or turned in by parents of students.

**STUDENT WORK HOUR REQUIREMENT:**

During the school year – You must work a minimum of two weekday shifts AND weekends. Weekday shifts are 3:30-7:30. Weekend shifts are from 8am-5pm or 10:30-7:30pm.

During summer months (June thru August) – You must work a minimum of 4 days total, 2 weekdays (8am-5pm or 10am-7pm) AND weekends (8am-5pm or 10am-7pm).

Student signature acknowledging the above:

Date:

\_\_\_\_\_

\_\_\_\_\_

Parent signature acknowledging the above:

Date:

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license?     Yes     No

Has your license been suspended during the last three years?     Yes     No

Have you ever been convicted of a crime?     Yes     No

If yes, please explain

## EDUCATION

Fill out to the best of your ability. If it does not apply to you, leave the section blank.

	NAME OF SCHOOL	ADDRESS	YEARS COMPLETED	DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS / TRADE SCHOOL				
PROFESSIONAL SCHOOL				

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. Please attached additional sheets if necessary.

If you have no previous work experience, please skip to the next section.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Employment Dates \_\_\_\_\_

Pay / Salary \_\_\_\_\_ Last Job Title \_\_\_\_\_

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Employment Dates \_\_\_\_\_

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Name of Supervisor \_\_\_\_\_ Employment Dates \_\_\_\_\_

Pay / Salary \_\_\_\_\_ Last Job Title \_\_\_\_\_

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to include additional information necessary to describe your full qualifications for the specific position for which you are applying.

## **AGREEMENT** (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal to hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Janoski's creates an actual or implied contract of employment. I understand that, if I accept employment with Janoski's, it will be on an at-will basis. This means that either Janoski's or I have the right to terminate the employment relationship at any time, for any reason, with or without advance notice.

I authorize Janoski's to investigate concerning my education, employment experiences, criminal history and all other aspects of my background relevant to my proposed employment. I release Janoski's and its employees from all liability arising from such investigation. I understand that drug testing may be performed at any time before or during employment. I acknowledge that Janoski's employment is only guaranteed May through October, at which time employment hours may be limited or not available at all.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\*By typing your name, this qualifies as a signature should you not have the ability to use a fill & sign application.*