



**Application for Employment**

Equal Opportunity Employer

Date:

\_\_\_\_\_

Personal Information			
Name (Last Name First)		Social Security NO.	
Address	City	State	Zip
Phone No.	Referred By		

Employment Desired		
Position	Date you can start	Salary Desired
Are you Employed	If so, may we contact you current employer	
Have you ever applied with this company before? (If yes, when.)		

General Information	
Subject of Special Study/ Research work or special training/skills	
U.S. Military or Naval Service	Rank

Education History			
Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School			
High School			
College			
Other			

Former Employers				
Date	Name, Address & Phone Number of Employer	Salary	Position	Reason for leaving
Month and Year				
From				
To				
From				
To				
From				
To				
From				
To				

References			
Name	Address & Phone Number	Business	Years Known

### Authorization

I certify that the facts in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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 Signature

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 Date



Date \_\_\_\_\_

Wickman's Garden, Inc.  
PO Box 2085  
Springfield, MO 65801

Dear Sirs:

I am aware that Consumer reports may be obtained as part of Wickman's Garden Village's evaluation of my job application and/or employment. The reports may be procured by Wickman's Garden Village or their insurance company representative(s), and may include my driving record, an assessment off my insurability for the insurance program, or other consumer reports. By signing this disclosure, I hereby provide my authorization to procure such reports and additional reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature Applicant/Employee

\_\_\_\_\_  
Name as it appears on Driver License

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver License Number/State of Issuance

\_\_\_\_\_  
Date of Birth

**MUST BE SIGNED BY JOB APPLICANT/EMPLOYEE**