

5865 Sawyer Road • Sawyer, MI 49125 • (269) 426-8810 • Fax (269) 426-4515

www.sawyergardencenter.com

(PLEASE PRINT)					
NAME:				DATE:	
ADDRESS:				APT #:	
CITY:			STATE:		_ZIP:
PHONE:			OTHER PHONE:		
EMAIL:					
Are you 18 years or older?	_	_			
If no please provide your birth	data				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

All questions must be answered. State "N/A" if question is not applicable.

THIS IS A DRUG FREE WORKPLACE

Salary Expectatio	n:	Dat	Date you can start:					
Available for:	r: 🗌 Full Time		rt Time	Weekends	Seaso	nal		
I prefer to work	hou	urs per week						
Spec	cify the hours you a	re available to work	each day of the wee	k. (Must be comple t	ted for consideratio	on).		
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		

How did you learn about Sawyer Home & Garden Center? _____

Have you ever been employed here before?

Position(s) applied for:

Yes	
-----	--

No



Are you employed now? Yes No
May we contact your present employer? Yes No
Does your present employer know of your plans to change employment?
Why do you desire to make a change?
Are you on layoff & subject to recall?
Have you ever been discharged or requested to resign from a position?
If yes, please explain:
How much time have you lost from work during the last 12 months?
Do you have steady transportation to work?
Have you ever held a position of trust (handling money or confidential material)?
Are you legally eligible to work in the United States?
(Proof of citizenship/immigration status & identity is required upon employment.)
Have you ever been convicted of or received a sentence for a crime other than a minor traffic violation? Answering "yes" is not an automatic bar to employment Yes No
If yes, state date, court and place where offense(s) occurred:
Do you hold a valid driver's license? Yes No What state?
Have you been convicted of any moving violations in the last three years? Yes
If yes, give dates and explanation:
List three things that are important to you in a work environment:
1.)
List three characteristics that best describe you:
1.)
3.) Why do you want to work here?
Summarize special skills and qualifications acquired from employment or other experience:
What foreign languages do you speak, read, and/or write?



Sawyer Home & Garden Center offers a range of job opportunities that involve varying levels of physical activity. Specific physical requirements for each position will be outlined in the job description. Please answer the following questions to help us determine the best job match based on your physical abilities.

Can you walk and stand on the job for extended periods of time (up to 8+ hours)?	Yes No
Can you frequently lift items that weigh up to 50 lbs unassisted?	Yes No
Can you frequently lift items that weigh up to 25 lbs unassisted?	Yes No
Can you frequently push/pull items weighing up to 100 lbs?	Yes No
Can you frequently bend, squat, kneel, reach, lift, carry, push and pull?	Yes No
Can you occasionally climb stairs, ladders, or use a step stool to perform your job?	Yes No
Can you comfortably work around products such as lawn care chemicals, paints, solven other irritants like dust?	ts, chemical cleaners, and Yes No
Are you available to work Saturdays, Sundays, evenings – 7PM and holidays?	Yes No
Have you ever operated motorized equipment such as forklifts, tractor/trailers, front end	loaders?
	Yes No

Education Information

	NAME & ADDRESS OF SCHOOL	# C	DF	SUBJECT STUDIED/DEGREE	GRADUATE?
		YR	S.		
High					🗌 Yes
School or		1	2		
GED		3	4		🗆 No
Trade or		1	2		□Yes
Business		3	4		
					□No
College/		1	2		🗌 Yes
University		3	4		
					🗆 No
Graduate		1	2		🗌 Yes
school		3	4		
					🗆 No



Employment Information - Start with current/most recent position(s) held

Employer	Date Employed (Month/Year)		Summary of job	
	From	То	responsibilities:	
Address	Phone			
Job Title		Hourly Rate/Salary		
	Start	Final		
Supervisor				
Resigned Terminated				
	D :			
Employer	Date	Employed (Month/Year) To	Summary of job responsibilities:	
	110111	10	responsibilities:	
Address	Phone			
Address	FIIOIIE			
Job Title		Hourly Rate/Salary		
	Start	Final		
	Start	That		
Supervisor				
Supervisor				
Resigned Terminated				
Employer	Date	Employed (Month/Year)	Summary of job	
	From	То	responsibilities:	
Address	Phone			
Job Title	Hourly Rate/Salary			
	Start	Final		
Supervisor		1		
🗌 Resigned 🔹 🗌 Terminated				



Military Information

Branch of Service:	Rank at Discharge:
Present selective service classification:	
List duties/special training:	

AGREEMENT

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment and I agree to submit to a medical evaluation, if required.

In exchange for the consideration of my employment application by this company, I hereby release and forever discharge the company (including its directors, officers, employees and agents) and my past and/or present employers (their directors, officers, employees and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements and I authorize the past employers, doctors, all references and other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will". It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such a change is specifically acknowledged by an authorized executive of the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first ninety (90) days of employment is a new hire introductory period.

Signature	Date
IN CASE C	OF EMERGENCY
l authorize you to notify:	
Relationship:	
Day phone: I	Evening Phone:
Remarks:	