



RIVERBEND NURSERIES, LLC
 2850 East Thompson's Station Road Thompson's Station, TN 37179
 Local: 615-790-7900 Nationwide: 800-554-8379 Fax: 615-790-6649
 Email: info@riverbendnurseries.com www.riverbendnurseries.com

APPLICATION FOR EMPLOYMENT

Operations

Office Only: Timecard# _____ **INOVA #** _____ **Start Date** _____ **Dept** _____ **Rate:\$** _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone/Cell _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/ SKILLS:

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

PERSONAL REFERENCES: (Give names of 3 persons, not related to you, whom you have known at least 1 year)

Name: _____

Street Address: _____ City: _____

Phone: (____) _____ Business: _____ Years Known: _____

.....

Name: _____

Street Address: _____ City: _____

Phone: (____) _____ Business: _____ Years Known: _____

.....

Name: _____

Street Address: _____ City: _____

Phone: (____) _____ Business: _____ Years Known: _____

Please read carefully and sign below:

“I authorize Riverbend Nurseries, LLC, located at 2850 East Thompson’s Station Rd., Thompson’s Station, TN 37179, to request and obtain my **driving record** (Motor Vehicle Record), from the Department of Safety.

I agree to perform/submit to any **drug testing** required by Riverbend Nurseries, LLC, for consideration of employment with Riverbend Nurseries, and understand that if my drug test results show any positive result that Riverbend reserves the right to not consider my application for employment, unless I can provide appropriate documentation from a licensed physician that the drug is physician prescribed.

I certify that the facts contained 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 damage 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 forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

I am applying for: Full Time Part Time Seasonal

In applying for seasonal employment, I understand that I am not guaranteed a job the following season.

Signature of Applicant: _____ Date: _____

Printed name of Applicant: _____