



TLC NURSERY & OUTDOOR LIVING

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Have you ever been denied a license, permit or privilege to operate a vehicle?	YES	NO	If yes, explain
Has any license, permit or privilege ever been suspended or revoked?	YES	NO	If yes, explain
Have you ever been convicted of a felony?	YES	NO	If yes, explain

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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

DRIVING EXPERIENCE

Straight Truck	Number of Miles
Tractor & Semi Trailer	Number of Miles
Other	Number of Miles

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature Date