



SummerWinds™

GARDEN CENTERS, INC.
APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Drug-Free Employer

SummerWinds Garden Centers, Inc. (the "Company") is an equal opportunity employer and complies with all applicable laws prohibiting discrimination in hiring and employment. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, handicap or disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, sexual orientation or any other characteristic protected by applicable laws. SummerWinds Garden Centers will make reasonable accommodations to the known physical or mental impairments that substantially limit a major life activity of otherwise qualified applicants to enable them to participate in its applicant screening process and to effectively perform the essential functions of their jobs, unless doing so would impose an undue hardship on the Company.

GENERAL:			
Last Name	First Name	Middle Initial	Date:
Street Address		Social Security Number	
City, State, Zip Code		Home Phone ()	
Work Phone ()		Can we call you at work? _____ Yes _____ No	

SummerWinds confirms all social security numbers with the Social Security Administration to make sure numbers, names and birth dates match. In the event your social security number does not match your name and birth date and we are forced to terminate your employment, all expenses paid by the company for drug testing or any other charges, will be withheld from your final paycheck.

SummerWinds verifica todos los números de seguro social con la Administración del Seguro Social para asegurar que todos los números, nombres y fechas de nacimiento coincidan. En caso de que el número de seguro social que usted nos dió no coincida con su nombre y fecha de nacimiento nos veremos forzados a terminar su empleo, todos los gastos pagados por la compañía para el análisis de drogas o cualquier otro gasto, serán descontados del último cheque de pago.

Are you legally permitted to work in the United States? _____ Yes _____ No

If hired, you will be required to submit proof of your identity and legal eligibility to work in the United States within three business days of your start date in compliance with The Immigration Reform and Control Act of 1986.

POSITION APPLIED FOR:							
How were you referred to the Company?							
_____ Newspaper Ad		_____ Employee Referral		_____ School Placement		_____ Walk-in	
_____ Agency		_____ Other					
Have you ever been previously employed by the Company? _____ Yes _____ No							
If Yes, give dates employed and reason for leaving: _____							
Position applied for _____ Salary Required _____							
Please Check Schedule Availability:							
<input type="checkbox"/> I am available and desire to work FULL TIME (32+ hours per week) and do not have restrictions on my hours and days.							
<input type="checkbox"/> I am available and desire to work PART TIME (32 hours or less per week).							
<input type="checkbox"/> I am only available for PART TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____							
HOURS AVAILABLE	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM (Time & Circle a.m. or p.m.)	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
TO (Time & Circle a.m. or p.m.)	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.
NOTE: Work Schedules are based upon the needs of the business and may be subject to change on a weekly basis.							

POSITION APPLIED FOR:

Do you have any friends or relatives currently employed with the company? _____ Yes _____ No

If yes, list name(s): _____

EDUCATION/SKILLS:

Name	Address	Courses Of Study	Circle Last Year Completed	Type of Degree/ Diploma/ Certificate
High School			1 2 3 4	
Business or Technical School or Other Certificate Programs			1 2 3 4	
College			1 2 3 4	
Language Skills: Please indicate what languages you speak, read and/or write which are job related:				
(You may omit information which indicates your race, religion, national origin, sex, age, handicap or veteran status.)				

REFERENCES:

List below the names of three references whom you have known for more than one year and who are not related to you that we may contact who can comment on your employment qualifications.

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Telephone</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Start with your present or most recent employer and list all previous employers. Include relevant United States Military service, internships, and volunteer experience.

This section must be completed even if resume is attached.

Present or Most Recent

Employer	Your Position Title:		
	Start:	Final:	
Address	Brief Description of Duties, if not included in resume		
City, State			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name)	Phone
Hourly or Annual Salary Start:	Final:	Supervisor's Title	Department
Reason for Leaving	Can we call or reference? _____Yes _____No		

Previous Employment

Employer	Your Position Title:		
	Start:	Final:	
Address	Brief Description of Duties, if not included in resume		
City, State			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name)	Phone
Hourly or Annual Salary Start:	Final:	Supervisor's Title	Department
Reason for Leaving	Can we call for reference? _____Yes _____No		

Previous Employment

Employer	Your Position Title:		
	Start:	Final:	
Address	Brief Description of Duties, if not included in resume		
City, State			
Month/Year From:	Month/Year To:	Immediate Supervisory (Name)	Phone
Hourly or Annual Salary Start:	Final:	Supervisor's Title	Department
Reason for Leaving	Can we call for reference? _____Yes _____No		

Have you ever been convicted of a crime or have you ever admitted to committing a crime which has not been expunged, sealed, or discharged by a court? _____ Yes _____ No

Are you awaiting trial on any offense? _____ Yes _____ No

A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime, when it occurred, and your subsequent rehabilitation.

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

SummerWinds Garden Centers, Inc.

815 E. Park Blvd., Suite 100
Boise, ID 83712

Phone: (208) 345-2559
Fax: (208) 388-0677