



NURSERY, LAWN, GARDEN & PET

EMPLOYMENT APPLICATION

Please print clearly in ink and complete the entire application

Date of application: _____

Store Preference: Orleans Dennis Chatham
(Check all that apply)

We are an Equal Opportunity Employer. All employees and qualified applicants are considered without regard to race, color, religious creed, national origin, sex, pregnancy, marital status, gender identity, sexual orientation, ancestry, , handicap, disability, mental or physical illness, age, veteran status, active military status, medical status (cancer-related), genetic information including sickle cell or hemoglobin C trait, or any other basis protected by federal, state, or local law. No questions on this application are intended to be used for such purpose. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

APPLICANT INFORMATION

Name: _____
Last First

Address: _____
Street PO Box (if applicable)

City: _____ State: _____ Zip: _____

Phone: () - e-mail: _____

Are you at least 18 years old? Yes No
If no and it is required, are you able to furnish a work permit? Yes No
Are you legally authorized to work in the U.S.? Yes No
(If hired you will be required to provide proof of identity and work authorization)

Referral source: Newspaper _____ Website Sign in store Online job posting
 Employee referral _____ Other: _____

JOB INTEREST

Position applying for: Store Cashier Nursery Cashier Nursery Customer Service
(Check all that apply) Yard/Warehouse/Loading Supervisor Other: _____

I am interested in: Seasonal / Part-Time employment Full-Time / Year Round Other: _____

Days available for work: Mon Tues Weds Thurs Fri Sat Sun
(Check all that apply)

Min # hours preferred per week: _____ Max # of hours: _____ Date Available to start: _____

REFERENCES

Please list the name of two business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list two school or personal references who are not related to you.

Name: _____ Phone: () - _____

Relationship to you: _____

Name: _____ Phone: () - _____

Relationship to you: _____

EDUCATION

High School	# of Years Completed	Major Subjects
City, State	Diploma or Degree Earned:	
College	# of Years Completed	Major Subjects
City, State	Diploma or Degree Earned:	
Graduate	# of Years Completed	Major Subjects
City, State	Diploma or Degree Earned:	
Other (specify)	# of Years Completed	Major Subjects
City, State	Diploma or Degree Earned:	

Training Courses - Describe any training programs you have completed. Include the types of training, the sources of training, and the dates

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information (you may include any work performed on a voluntary basis.) Please use reverse side if additional jobs were held in the last 10 years.

Employer	Dates employed:	to
City, State		
Telephone # (required)	May we contact?	Summarize the type of work performed and job responsibilities
Starting job title/final job title		
Supervisor's name (for most recent position held)		Reason for leaving
Employer	Dates employed:	to
City, State		
Telephone # (required)	May we contact?	Summarize the type of work performed and job responsibilities
Starting job title/final job title		
Supervisor's name (for most recent position held)		Reason for leaving
Employer	Dates employed:	to
City, State		
Telephone # (required)	May we contact?	Summarize the type of work performed and job responsibilities
Starting job title/final job title		
Supervisor's name (for most recent position held)		Reason for leaving

SKILLS & QUALIFICATIONS

Why do you want to work at Agway?

SKILLS & QUALIFICATIONS *(continued)*

Describe skills and knowledge you possess that would help you to perform the job you are applying for. Note any details about your qualifications which should be considered. Include special skills, certifications, and licenses.

What are your career objectives at Agway?

APPLICANT STATEMENT

Please read the following statements; they constitute the conditions under which you would be employed by P. Wiles, Inc. should you be accepted for employment.

I certify that all the information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal if hired.

I understand that if I am employed by P. Wiles, Inc., my employment is for no definite term and that I can be terminated at any time with or without notice and with or without cause for any lawful reason. I further understand that no verbal promises or guarantees are binding on P. Wiles, Inc. and that no one, other than the President of P. Wiles, Inc. has authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. If employed, I agree to abide by all of P. Wiles, Inc.'s rules and regulations, and any changes thereto.

I understand that depending on the position, employment may be contingent upon the satisfactory results of a physical examination and/or drug screening or credit check (Note: You will be notified if these are a requirement, and all related expenses are paid by P. Wiles, Inc.)

I give P. Wiles, Inc. permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any offer of employment may be rescinded if the results of the investigation are unacceptable to P. Wiles, Inc.

P. Wiles, Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, genetic background, handicap status, or any other protected status under applicable federal, state, or local law. P. Wiles, Inc. likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, genetic background, handicap status, or any other protected status. P. Wiles, Inc. takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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

Signature: _____ **Date:** _____

re: Mass GL 149s19B about lie detectors. Massachusetts General Laws c.149 s19B requires that the following statement be included on employment applications: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Massachusetts General Laws c.151B defines "genetic information" as any written record or explanation of a genetic test of a person's family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as "any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities." The law expressly excludes drug and alcohol tests from this definition, meaning that employers may continue to conduct such tests in accordance with existing legal requirements.

These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeing, receiving or maintaining information for any non-medical purpose.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services