

# Quality Greenhouses & Perennial Farm, Inc.

250 Union Church Road, Dillsburg, PA 17019

Phone: (717) 432-8900 Fax: (717) 502-8906

Email: [sales@qualitygreenhouses.net](mailto:sales@qualitygreenhouses.net)

## APPLICATION FOR EMPLOYMENT

(please print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE	
PHONE	ALTERNATE PHONE (OPTIONAL)	E-MAIL ADDRESS:		
PRESENT ADDRESS	CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS	CITY	STATE	ZIP	HOW LONG?
POSITION APPLIED FOR:	REFERRED BY:			

### PERSONAL DATA:

Are you at least 18 years old?  Yes  No

Do you have the right to remain permanently in the U.S.?  Yes  No

If no, specify resident status: \_\_\_\_\_

Have you ever been convicted of a violation of the law, other than a traffic violation?  Yes  No

If yes, please explain: \_\_\_\_\_

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

### HEALTH BACKGROUND:

Do you have any physical or mental condition that would limit your ability to perform the job or that might cause risk or injury to yourself or others?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever collected worker's compensation?  Yes  No

If yes, please explain: \_\_\_\_\_

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

### JOB OBLIGATIONS:

Are you aware of any circumstances that would prevent you from working: overtime?  Yes  No  
weekends?  Yes  No

If yes, please explain: \_\_\_\_\_

### EDUCATION & TRAINING:

Education (circle highest grade completed):

6 7 8 9 10 11 12 GED

Name & address of last high school attended: \_\_\_\_\_

Vocation School: Name, City & State \_\_\_\_\_

Degree:  Yes  No Field of Study \_\_\_\_\_

College: Name, City & State \_\_\_\_\_

Degree:  Yes  No Field of Study \_\_\_\_\_

Other School: Name, City & State \_\_\_\_\_

Degree:  Yes  No Field of Study \_\_\_\_\_

REFERENCES: (Please list three references)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Years known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Years known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

+++++++

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Years known: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

SKILLS & EXPERIENCES:

List academic honors, school offices, scholarships, awards, seminars, workshops, work-related hobbies, on-the-job training, special aptitudes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GREENHOUSE SKILLS INVENTORY:

Greenhouse duties you have performed:

(N = none, S = some, L = lots of experience)

\_\_\_ Sowing seed    \_\_\_ Growing plants    \_\_\_ Watering plants

\_\_\_ Transplanting    \_\_\_ Taking cuttings    \_\_\_ Filling flats

\_\_\_ Loading trucks    \_\_\_ Record keeping    \_\_\_ Direct sales

What type of repairs can you perform?

\_\_\_ Painting                      \_\_\_ Carpentry

\_\_\_ Engine maintenance        \_\_\_ Plumbing

\_\_\_ Electrical                    \_\_\_ Welding

Equipment you have used: \_\_\_\_\_

\_\_\_\_\_

Other special skill you have that would be valuable to this job:

\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:** (Please list employment starting with most recent):

Firm: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Hours / week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Firm: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Hours / week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**AUTHORIZATION:**

I certify that all of the information on this application is true, complete and correct to the best of my knowledge. I understand that, if employed, any falsification of statements on this application shall be grounds for dismissal.

I authorize investigation of statements contained here and the references and employers listed above to give you any information concerning my previous employment and any pertinent information they may have. I release the company from all liability for any damage that may result from utilization of such information.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Application for Employment

APELLIDO (LAST NAME):		NOMBRE (FIRST NAME):		INICIAL (MIDDLE INITIAL):		FECHA (DATE):	
HOMBRE <input type="checkbox"/> MUJER <input type="checkbox"/>							
TELÉFONO (PHONE):		TELÉFONO ALTERNATIVO (ALTERNATE PHONE):			CORREO ELECTRONICO (E-MAIL ADDRESS):		
DÓMICILIO (PRESENT ADDRESS):		CIUDAD (CITY):		ESTADO (STATE):		CÓDIGO POSTAL (ZIP CODE):	
PUESTO QUE SOLICITA (POSITION APPLIED FOR):							
REFERIDO POR QUIEN? (REFERRED BY):				NUMERO DE TELÉFONO (TELEPHONE)			

### EXPERENCIA DE TRABAJO (Employment Experience):

¿Trabajó aquí el año pasado? \_\_\_\_ SÍ \_\_\_\_ NO  
(Did you work here before?)

¿Quien fue tu supervisor? / (Who was your supervisor?)

\_\_\_\_\_

¿Si conoces a alguien que trabaja aqui, como se llama?  
(Person you know that works here.)

\_\_\_\_\_

Escriba las compañías donde a trabajado, empesando con la más reciente. (Company that you worked for last)

Compañía (Company): \_\_\_\_\_

Fecha cuando empeso (From): \_\_\_\_\_

Fecha cuando se despido (To): \_\_\_\_\_

Ciudad (City) \_\_\_\_\_ Estado (State) \_\_\_\_\_

Teléfono (Phone): \_\_\_\_\_

Responsabilidades (Job Title & Responsibilities):

\_\_\_\_\_

\_\_\_\_\_

Razón que se despido de el trabajo (Reason you left):

\_\_\_\_\_

### INFORMACIÓN PERSONAL (Personal Data):

¿Tienes por lo menos 18 años de edad? (At least 18?)  
\_\_\_\_ SÍ \_\_\_\_ NO

¿Tienes derecho de permanecer permanente en los estados unidos? (Have the right to remain permanently in the U.S.?)  
\_\_\_\_ SÍ \_\_\_\_ NO

Sí la respuesta es no, describa su residencia  
(If no, specify resident status):

\_\_\_\_\_

### SALUD (Health Background)

¿Tienes alguna condición física o mental que limite su capacidad para realizar el trabajo o que puede causar riesgo o daño a usted o a otros? \_\_\_\_ SÍ \_\_\_\_ NO

Si la respuesta es que sí, por favor describa

\_\_\_\_\_

*(Any physical/mental condition that would limit your ability to perform the job or cause risk/injury to yourself or others? If yes, please describe).*

### OBLIGACIONES DE TRABAJO/JOB OBLIGATIONS:

Es usted consciente de cualquier circunstancia que le impida trabajar: ¿horas extras? \_\_\_\_ SÍ \_\_\_\_ NO  
¿Fines de Semana? \_\_\_\_ SÍ \_\_\_\_ NO

Sí la respuesta es sí, explique \_\_\_\_\_

\_\_\_\_\_

*(Any circumstances that would prevent you from working overtime or weekends? If yes please explain)*

### HABILIDADES DE INVERNADERO (Greenhouse Skills):

Maquinaria que a usado (Equipment you have used):

\_\_\_\_\_

\_\_\_\_\_

Otras habilidades que tiene que sean valuados en este trabajo:  
(Other special skills)

\_\_\_\_\_

\_\_\_\_\_

la Firma