



Lukas Nursery

Corner of Aloma (426) & Slavia Rd.
1909 Slavia Road • Oviedo, FL 32765
(407) 365-6163

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

Last Name (comma) First Name (space) Middle Initial				Social Security #		Sex	
Street Address				Apartment #		Area Code Telephone	
City and State				Zip Code			
Former Address				How Long Have You Lived At Present Address?			
What Position Are You Applying For?			Wage Desired		Date Available To Work		
Are You Able To Work:		Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Long Do You Plan To Work? (check one)	
		Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Temporary <input type="checkbox"/> 1 Year	
						<input type="checkbox"/> Summer <input type="checkbox"/> More Than 1 Year	
Have You Worked For Us Before?		<input type="checkbox"/> Yes If Yes, Dates: _____		Where? _____		Position: _____	
		<input type="checkbox"/> No				Are You Over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You Employed At Present		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Currently On A Leave Of Absence Or Lay Off From Any Company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Are You Legally Eligible To Work In The U.S.A.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Have You Ever Been Discharged From Your Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Have Any Relatives Working For Lukas Nursery?				<input type="checkbox"/> Yes Name: _____		How Did You Hear About Us?	
				<input type="checkbox"/> No			

In Case Of Emergency Contact:

List All High School, College, Trade or Technical Training	Years Completed	Last Year Attended	Degree or Certificate

List Below Your Most Recent Employers, Beginning With The Current Most Recent One

Name		What Kind of Work Did You Do?		Starting Date	Month	Year
Address		Tel.#		Date Of Leaving	Month	Year
City		State Zip		Why Did You Leave?	Pay At Leaving	
Name		What Kind of Work Did You Do?		Starting Date	Month	Year
Address		Tel.#		Date Of Leaving	Month	Year
City		State Zip		Why Did You Leave?	Pay At Leaving	
Name		What Kind of Work Did You Do?		Starting Date	Month	Year
Address		Tel.#		Date Of Leaving	Month	Year
City		State Zip		Why Did You Leave?	Pay At Leaving	
Check The Work Skills You Possess: <input type="checkbox"/> Cash Register <input type="checkbox"/> Growing <input type="checkbox"/> Plumbing <input type="checkbox"/> Calculator <input type="checkbox"/> English <input type="checkbox"/> Computer <input type="checkbox"/> Gardening <input type="checkbox"/> Fork Lift <input type="checkbox"/> Others: <input type="checkbox"/> Spanish <input type="checkbox"/> Tractor <input type="checkbox"/> Power Tools <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____						

IMPORTANT - PLEASE READ AND SIGN THE FOLLOWING:

Applicant hereby certifies that the answers to the foregoing questions concerning applicant's physical condition, prior work history and other information are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to dismissal without notice at any time. The applicant understands employer is relying upon applicant's answers and the answers are made as an inducement to employer to hire applicant. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance.

I hereby authorize Lukas Nursery to obtain a background investigative report made by a security or consumer reporting agency with respect to me. In so doing, I release the reporting agency, Lukas Nursery and its agents from any and all liability which may flow from the release of such information.

Should I become an employee of Lukas Nursery I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that Lukas Nursery will have the same right. This status can only be modified if such modification is in writing and signed by both me and the President of the Company.

I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company, my Manager or my supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict

the right of either me or the Company to terminate the employment relationship. I understand and agree any handbook which I may receive will not constitute an employment contract, but will be a statement of the Company's current policies.

I understand that because of the nature of retail operations, the Company reserves the right (except where prohibited by law) to conduct inspections of my person, lockers, bags, (including purses or briefcases), or parcels brought into or taken out of the store. I understand that refusal to submit to a requested inspection may result (except where prohibited by law) in termination of my employment.

I understand that before any offer of employment is finalized, I may be required to submit to blood, urine and/or other medical testing for alcohol, drugs and controlled substances at a Company-selected medical facility at the Company's expense. If the test results demonstrate the presence of undisclosed prescribed or unauthorized drugs or controlled substances or an unacceptable level of alcohol, I understand that I will not be permitted to commence work for the Company, or I will be terminated if I have already commenced work. I voluntarily consent for the designated medical facility to collect urine and blood samples from me and to test for the presence of alcohol, drugs and controlled substances. Further, the medical facility is authorized to release the results of the tests to Lukas Nursery. Lukas Nursery is authorized to communicate the test results internally as it deems appropriate. I may request a copy of this authorization.

Applicant's Signature		Date	
Supervisor's Signature		Date	
Manager's Signature		Date	

AVAILABILITY: Number of hours you would prefer to work each week _____
To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day.

DAY	EARLIEST TIME	LATEST TIME
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		

If hired, the hours you have listed will be taken into consideration in our scheduling process. If you have any conflicts, please list them: