

# Malmborg's, Inc. Employment Application

Malmborg's, Inc. gives all applicants for employment equal consideration for employment; regardless of sex, race, age, religion, marital status, sexual orientation, or disability. The decision to hire is based solely on individual qualifications that meet the job requirements.

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Email: \_\_\_\_\_

If hired, I would like to work (circle one) Full Time Part Time Seasonal  
Date available for work: \_\_\_\_\_ Number of hours desired per week: \_\_\_\_\_

### Available to Work

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM: (Start Time)							
TO: (End Time)							

Have you ever applied at or been employed by Malmborg's before? \_\_\_\_\_ (yes or no)  
If yes, when and where? \_\_\_\_\_

Are you legally entitled to work in the United States? \_\_\_\_\_ (yes or no)  
If hired, can you provide documentation of this eligibility? \_\_\_\_\_ (yes or no)

Are you 18 years of age or older? \_\_\_\_\_ (yes or no) If no, please state your age \_\_\_\_\_

Educational Background	Name and Location	No. of years attended	Did you Graduate?
High School			
Technical			
College			

### Employment History

Current Employer's Name \_\_\_\_\_  
Current Employer's Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
May we contact your supervisor? \_\_\_\_\_ Supervisor's Name & Telephone \_\_\_\_\_

Previous Employer's Name \_\_\_\_\_  
Previous Employer's Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Reason for leaving Employer \_\_\_\_\_

### Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Malmborg's from all liability for any damage that may result from the use of such information. I agree to conform to the rules of Malmborg's and I agree and understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either Malmborg's or myself. I understand that no one other than the President of Malmborg's has any authority to enter into any employment agreement for any specified period of time.

**Applicant Signature** \_\_\_\_\_

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## HEALTH FOR THE JOB:

At Malmborg's we all have to work hard. In order to do this, one has to be in a reasonable state of good health. To prevent accidents and injuries we have outlined the following questions in order to determine your qualifications.

PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
Work duties can require bending over benches, occasionally lifting up to 50 pounds and pushing carts. All of these duties require a strong back and good health. Are these working conditions acceptable to you?		
If you had a job that involved standing on your feet all day, would this be a problem?		
Most of the jobs require an alert mind and good coordination. Would this be a problem for you?		
If you had a job duty that involved extended activity with your arms and wrists, would this be a problem for you?		
Many jobs involve being able to follow written and verbal instruction in English. Would this be a problem for you?		
Working in a greenhouse operation requires being able to see clearly and with detail. Is there anything that would prevent you from seeing clearly?		
Plants, flowers, and related items can cause some people allergic reactions. Do you see this as a problem for you?		
Do you have any health conditions that we should know about for your safety and ours?		
<p><b>AGREEMENT:</b>            I agree that the above information is correct and consent to the use of the above information for employment purposes:</p> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>		