

How to Apply:

Complete this application form.

Email your completed application to jobs@faulknersnursery.com

Or drop-off or mail a copy to:

1130 Hooksett Road, Hooksett, NH 03106

Attention: Human Resources



Name (Last Name First)			
Permanent Address	City	State	Zip
Phone Number	Email Address		

Application for Employment

Personal Information

Date: _____

Employment Desired

Position	Start Date	Desired Salary
Are You Currently Employed?	If YES, May We Contact Your Present Employer?	
Have You Ever Applied to Faulkner's Before?	If YES, When Did You Apply?	

Education History

	Name and Location	Years Attended	Did You Graduate?	Area of Study
High School				
College				
Trade/Business School				

Date (Month & Year)	Name & Address of Employer	Salary	Position Held	Reason for Leaving
From:				
To:				
From:				
To:				
From:				



To:				
From:				
To:				

Former Employers (Most Recent Employer First)

References (Please list three persons not related to you whom you have known at least one year)

Name	Phone Number	How did you meet?	Years Known

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 contained 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 the company from all liability for any damage that may result from my utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability -related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____

Please Do Not Write Below This Line

Interviewed By: _____

Date: _____