



www.moananursery.com

**DROP OFF IN PERSON OR EMAIL APPLICATIONS:**

Moana Lane 1100 W. Moana Lane or email RichardR@MoanaNursery.com  
South Virginia 11301 S. Virginia Street or email EvanP@MoanaNursery.com  
Sparks/Pyramid Way 3397 Pyramid Way or email SondraM@Moananursery.com

**Application For Employment**

An Equal Opportunity Employer M/F/V/H  
Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical condition or handicap.

**PLEASE PRINT**

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: Ad  Internet  Walk-in  Agency  Referral \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last, First

Address \_\_\_\_\_  
Number Street City, State, Zip Code

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Availability – All Spring We Are Open 7 Days A Week!**

In a retail company, it is important to be flexible to work the hours when the store is busiest. Place an "X" on the hours you want to work on a regular basis. Please be specific.

Examples:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00a.m. – 6:00p.m.							
12:00p.m. – 6:00p.m.							
8:00a.m. – 2:00p.m.							

If employed and you are under 18, can you furnish a work permit? Yes  No

Have you ever filed an application here before? Yes  No  If yes, give date. \_\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give dates. \_\_\_\_\_

Are you employed now? Yes  No  May we contact your present employer? Yes  No

Are you prevented from being employed in this country because of Visa or Immigration Status? Yes  No   
(Proof of citizenship or immigration status I-9 will be required upon employment.)

Are you on layoff or subject to recall? Yes  No

Have you been convicted of a felony within the last 7 years? Yes  No  If yes, please explain (Conviction will not necessarily disqualify an applicant from employment.) \_\_\_\_\_

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

Veteran of the U.S. Military service? Yes  No  If yes, which branch? \_\_\_\_\_

Last,

First

Date

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1

Employer ( )	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor Name and Title				
Reason for leaving				

2

Employer ( )	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor Name and Title				
Reason for leaving				

3

Employer ( )	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor Name and Title				
Reason for leaving				

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Employer ( )	Telephone ( )	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor Name and Title				
Reason for leaving				

**If you need additional space, please continue on a separate sheet of paper.**

What are your hourly rate or salary requirements? \_\_\_\_\_

Provide the name, address and telephone number of two references who are not related to you and are not previous employers. \_\_\_\_\_

\_\_\_\_\_

## Education

	Elementary	High School	College/University	Graduate/Professional
School Name(s)				
Years Completed: circle	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
What Course(s) Of Study?				
What specialized training, apprenticeship, skills and extracurricular activities?				

Honors or awards received: \_\_\_\_\_

## Special Skills & Qualifications

Summarize specialized skills and/or qualifications acquired from employment or other experience. Please include any additional information you feel may be helpful to us in considering your application.

Indicate languages you speak, read and write and how well. Fluent? Fair?

List hobbies, sports, business or social activities in which you participate. (You may exclude those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

Why do you believe you are suited for our company? Why would you choose us? \_\_\_\_\_

What are your goals? In what way(s) would this position support you to achieve your goals?

## Math Calculations

In a retail company, it is important to be able to work well with numbers and cash. To demonstrate your ability in this area, please complete the following:

1. A customer bought two items that totaled \$87.58 and gave you a \$100.00 bill. What change would you give the customer? 1. \_\_\_\_\_
2. If you received 2 dozen 6" terra cotta pots and sold three of them the first day, how many pots are left? 2. \_\_\_\_\_
3. Two hundred customers came in to the store today and only one hundred of them made a purchase. What percentage of the customers made a purchase today? 3. \_\_\_\_\_

***(Use the space below for your calculations.)***

# Willingness Checklist

Part of the activities required to maintain and operate a retail store involve duties or tasks that are often overlooked when describing a specific job. Please indicate your level of willingness to perform these tasks and duties by placing an "X" on the appropriate line.

Would you be willing to:	NO	MAYBE	YES
1. Greet & approach all customers with a smile?	_____	_____	_____
2. Ask questions if you are <u>ever</u> unsure?	_____	_____	_____
3. Restock displays throughout the day?	_____	_____	_____
4. Load bags of mulch and soil into vehicles?	_____	_____	_____
5. Clean the bathroom, windows & glass?	_____	_____	_____
6. Sweep and mop the floors, walkways, etc.?	_____	_____	_____
7. Uphold strict safety policies?	_____	_____	_____
8. Uphold a no smoking policy?	_____	_____	_____
9. Climb and work using the safety procedures?	_____	_____	_____
10. Stand on your feet long periods of time?	_____	_____	_____
11. Dress in compliance with our dress code?	_____	_____	_____
12. Operate a computerized register?	_____	_____	_____
13. Consistently maintain a positive attitude?	_____	_____	_____
14. Water plants in the heat for an extended period of time?	_____	_____	_____
15. Work weekend and evening hours?	_____	_____	_____
16. Lift heavy plants, boxes and stock safely?	_____	_____	_____
17. Make phone calls to customers for follow up?	_____	_____	_____
18. Leave personal issues & negativity at home?	_____	_____	_____
19. Work well with your teammates?	_____	_____	_____
20. Report to work on time when scheduled?	_____	_____	_____

Date \_\_\_\_\_ Signature \_\_\_\_\_

**MOANA NURSERY IS A DRUG FREE WORK PLACE  
IF YOU ABUSE DRUGS AND ALCOHOL, DON'T APPLY HERE.  
DRUG TESTING IS A CONDITION OF CONTINUED EMPLOYMENT.**

## Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not positions are available at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Company may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_