



**Hazeltine Nurseries, Inc.**  
 2401 N. River Road  
 Venice, FL 34292  
 941-485-1272.

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

### Employment Application

Hazeltine Nurseries, Inc. is a Drug Free Workplace. All applicants must complete a preemployment Drug Screen.

#### Applicant Information

Full Name: \_\_\_\_\_ Last 4 of Social Security number: \_\_\_\_\_  
*Last First and Middle Initial Maiden*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

Time at address: \_\_\_\_\_ Date Available for work.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

**Some positions at Hazeltine Nurseries require employees to work outside in the heat and lift up to 50lbs unassisted. Are you able and willing to complete these tasks? Yes or NO**  
**If No, please Explain** \_\_\_\_\_

Employment desired:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full or Part-time
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How many hours weekly? \_\_\_\_\_

Do you have any schedule restrictions? \_\_\_\_\_

Do you have a valid driver's license? YES  NO  State and ID Number? \_\_\_\_\_

Any Accidents or tickets in the last 3 years? YES  NO  If yes, How many? \_\_\_\_\_

Are you legally authorized to work in the U.S.? YES  NO

Have you ever been convicted of a Crime or Felony? YES  NO

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

Education				
Type of School	Name of School	Location	Number of Years	Major/Degree

**References**

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Please list your work experience for the past five years beginning with your most recent job.  
If you were self-employed, give firm name. Attach resume, if necessary.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

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

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**HUMAN RESOURCES USE ONLY**

<b>Date received</b>	<b>Action</b>	
<b>Background/License Check Completed</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>HR Initials:</b> _____
<b>Department Acknowledgment</b>	Hired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Department Head Initials:</b> _____

**Please return to Human Resources when completed and reviewed.**



**Please Read Carefully**

It is unlawful in the State of Florida to require or administer a lie detector test as a condition of employment. I certify that the facts contained in this application are true and complete to the best of my knowledge.

I authorize investigation on all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

**Signature of applicant:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.**

**Thank you for completing this application form and for your interest in our business.**



### **Authorization and Release to Obtain Information**

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA), including 49 CFR 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S. Code § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of that document entitled Rights Under the Fair Credit Reporting Act. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Your information may be processed in a foreign country by persons providing services to our company and it may be accessible to law enforcement and national security authorities of that jurisdiction.

### **Authorization and Release to Obtain Information**

Under the Fair Credit Reporting Act (FCRA), 15 U.S. Code § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws.

I hereby authorize and permit:

Hazeltine Nurseries, Inc / Miton, LLC

to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may result, that include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers and/or from or through iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above.

This information may be obtained in whole or in part by iiX or its agents. I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_