



*como friends*  
THRIVE ON

## Garden Safari Gifts Employment Application

Name (Last, First)		Email address (print carefully)		Today's Date	
Address		City, State		Zip Code	Telephone
Position for which you are applying:				Hourly pay you wish:	
Date you can start:		How did you hear about position:			
<b>You will need to be available to work Saturdays, Sundays and the following holidays: Memorial Day Fourth of July Labor Day</b> (You may or may not be scheduled every weekend or every holiday)					
Number of hours you would like to work weekly			Students: Last day of school in spring? First day of school in fall? Are you able to work weekdays after school hours?		
Why are you interested in working here?					
List dates of any prior commitments or conflicts you will have. (Band trips, family vacations, weddings, sports practices etc.) By listing the dates you should not assume you would be automatically scheduled off.					
High School attended:			Circle current grade: 9                    10                    11                    12		
College attended:			Circle current year or years completed: 1                    2                    3                    4		
1. Current or most recent Employer:			Telephone:		
Address		Supervisor's Name & Title			
Employed from: (mm/yy)	to:	Last rate of pay		May we contact them about this application	
Position Title		Describe the work you did that can be applied to Garden Safari Gifts:			
Please explain for reasons for leaving					

I certify that the information contained in this application is correct to the best of my knowledge and understand that, if employed, falsification of this application in any detail shall be grounds for dismissal. I agree to conform to the rules and regulations of the Company, and understand that my employment is "at-will" and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. The Company does not discriminate on the basis of age, race, creed, religion, color, sex, national origin, marital status, and status with regard to public assistance, disability or any other classes protected under applicable law.

I authorize the Como Friends to verify the information contained in this application and to investigate my personal or employment history. I also authorize any former school, employer, person, firm, corporation, or government agency to give Como Friends information it may have about me. In consideration of Como Friends review of this application, I release Como Friends and all providers of information from any liability as a result of furnishing and receiving this information.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_