



# Cassville Nursery

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Jackson, NJ 08527

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## EMPLOYMENT APPLICATION FORM

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ Are you 18 years old or older? YES NO

If hired, can you provide the documentation required to prove that you are authorized to work in the U.S.? YES NO

### EDUCATION

Type of Study	Name / Location	Course# / Years Completed	Degree / Diploma
Elementary & Jr. High			
High School			
College			
Other			

Type of Work Desired: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

Is there any information we would need about your name for us to be able to check your record? YES NO

Please specify: \_\_\_\_\_

I have received a Child Abuse Record Information (CARI) form and given permission for a CARI check. YES NO

I have received and read the OOL Information to Parents Document. YES NO

I have received and read the center's policy on the disciplining of children. YES NO

**EMPLOYMENT RECORD**

	Company Name / Address	Kind of Work	Date Started / Left	Pay	Reason for Leaving
1					
2					
3					

**U.S. MILITARY SERVICE**

Branch of Service: \_\_\_\_\_

Rank and Type of Service: \_\_\_\_\_

Training / Experience Received: \_\_\_\_\_

**REFERENCES**

	Name	Occupation	Years Known	Address / Phone#
1				
2				
3				

Have you ever been convicted of a crime or a disorderly persons' offense? YES NO

If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
 Please list any additional information such as licenses and professional degrees that you consider important for the job to which you have applied.

I understand that the employer follows an employment-at-will policy in that the employer or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given by on the application, on related papers, and in interviews. I authorize all individuals, schools, and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE**

Interviewed by: (1)

(2)

Date hired:

Rate:

Classification:

Date terminated:

Rate:

Date of physical:

Results:

Date of Mantoux/chest X-ray:

Results:

Approved by: (1)

(2)