

**Send everyone that is applying for a job to corporate office
(#11)!**

Give them an application with store stamp in the top right hand corner!
See example!

Give them a map to office (enclosed)!

See- Leanne Selvidge.

**Hours to apply are
8:00 A.M. - 2:00 P.M.
Closed 12:30 P.M. - 1:00 P.M.
Monday thru Friday**

- Have the applicant fill out the application before they get to the corporate office
- The office will finalize all applications
- The applicant will then get a copy of the approval form
- The applicant will then return the completed approval form to the store
- When the manager/assistant manager receives the approval form the applicant is ready to be added to the schedule
- The approval form is to be kept in the accordion file at the store
- NO approval form returned to store, NO WORK!

We are an Equal Opportunity Employer. Send every person with completed application to the office. No matter what race, color, or country of origin!

Supervisors no longer have to enroll new employees.

◆ **APPLICANT ONLY! No family, friends, relatives, etc. are to accompany the applicant to the main office!**

**MANDE A TODOS QUE ESTAN APPLICANDO PARA UN
TRABAJO A LA OFICINA CENTRAL (#11)!**

DELES UNA APLICACION CON LA ESTAMPA DE LA TIENDA EN LA
ESQUINA DEL LADO DERECHO! VEA EL EJEMPLO!

DELES UN MAPA A LA OFICINA (INCLUYEDO)

HABLE CON- LEANNE SEL VIDGE

HORAS PARA APLICAR

8:00 A.M. - 2:00 P.M.

CERRADO 12:30 P.M. - 1:30 P.M.

LUNES A VIERNES

- EL APLICANTE DEBE LLENAR LA APLICACION ANTES
DE LLEGAR A LA OFICINA CENTRAL
- LA OFICINA FINALIZARA TODAS LAS APLICACIONES
- EL APLICANTE DESPUES REGRESA CON LA FORMA
COMPLETA PARA LA TIENDA
- CUANDO EL GERENTE/ASISTENTE RECIBA LA FORMA
APROVADA EL APLICANTE ESTARA LISTO PARA
PONER EN EL SCHEDULE
- LA FORMA DE APROVACION DEBE QUEDARSE EL LA
FOLDER DE ACORDEON EN LA TIENDA
- SI NO DEVUELVEN LA FORMA A LA TIENDA, **NO
PUEDEN TRABAJAR!**

HOUSTON GARDEN CENTERS ES UNA COMPANIA CON
OPORTUNIADES IGUALDAD EN EL TRABAJO! MANDE A TODAS
LAS PERSONAS CON APLICACIONES A LA OFICINA! NO IMPORTA
DE QUE RAZA, COLOR O PAIS DE ORIGEN!

SUPERVISORES NO ESTARAN INSCRIBIENDO LOS EMPLEADOS
NUEVOS!

◆ SOLAMENTE EL APLICANTE DEBE VOLVER LA
APLICACION A LA OFICINA!
**NO FAMILIA, AMIGOS, PARIENTE, ECT. DEBE ACOMPAÑAR EL
APLICANTE A LA OFICINA CENTRAL!**

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

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 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 OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

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