

Map to office enclosed!

Hours to apply are

8:00 A.M. – 3:00 P.M.

Monday - Friday

Closed between 12:30 P.M. – 1:00 P.M.

★ *IT WILL TAKE BETWEEN 1 ½ & 2 HRS TO PROCESS YOUR APPROVAL!* ★

- **IF YOU ARE UNABLE TO WORK WEEKENDS OR HOUSTON GARDEN CENTERS' SCHEDULE PLEASE DO NOT APPLY!**

→ **WEEKENDS ARE MANDATORY!** ←

APPLICANT _____

DATE _____

- Fill application out before you get to the corporate office
- The Office will finalize all applications
- The applicant will then receive 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. **If schedule is full manager/assistant manager will call applicant when a position is available!**
- 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 office! No matter what race, color or country of origin!

★ **APPLICANT ONLY TO RETURN APPLICATION TO OFFICE! NO FAMILY, FRIENDS, RELATIVES, ETC. ARE TO ACCOMPANY THE APPLICANT TO THE MAIN OFFICE!**

Un mapa a la oficina esta incluyedo

**Horas para aplicar:
8:00 A.M. – 3:00 P.M.**

Lunes a Viernes

Cerrado entre las 12:30 P.M. – 1:00 P.M.

★ **SE TARDARA ENTRE 1 ½ Y 2 HORAS PARA PROCESAR SU APROBACION!** ★

- **SI USTED NO PUEDE TRABAJAR LOS FINES DE SEMANA O EL HORARIO DE HOUSTON GARDEN CENTER POR FAVOR NO APLIQUE!**

→ **LOS FINES DE SEMANA SON OBIGATORIOS!** ←

APLICANTE _____

FECHA _____

- Llene la aplicacion antes de llegar a la oficina central
- La oficina finalizara todas las aplicaciones
- El aplicante despues recibira la forma de aprovacion
- El aplicante despues regresa con la forma completa de aprovacion a la Tienda
- Cuando el gerente/asistene reciba la forma de aprovacion el aplicante esta listo para ponerlo en el horario. **Si el horario esta lleno el gerente/asistene le llama al aplicante cuando tenga posicion en el horario!**
- La forma de aprovacion debe quedarse en la forder de acordeon en la tienda
- **SI NO REGRESAN CON LA FORMA DE APROVACION A LA TIENDA, NO PUEDEN TRABAJAR!**

Houston Garden Centers es una compania con oportunidades iguadad en el trabajo! Mande a todas las personas con aplicaciones a la oficina! No importa de que raza, color o pais de origen!

★ **SOLAMENTE EL APLICANTE DEBE VOLVER LA APLICACION A LA OFICINA! NO FAMILIA, AMIGOS, PARIENTES, ETC. DEBE ACOMPANAR 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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