

Western Garden Centers

Employment Application

Applicant Information

Today's Date _____

Name _____ Are you over 18? _____
Last First Middle

Current Address _____
Street City State Zip

Permanent Address _____
(if different) Street City State Zip

Phone Number (home) _____ (mobile) _____

NOTE: Proof of citizenship or documentation allowing you to work in the U.S. is required at hiring.

Employment Desired

Position _____ Date you can start _____

Are you employed now? _____ If so, may we inquire at your present employer? _____

Education

School Name and Location	Years Attended	Graduation Date (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Check one box on the left to designate a reference as the person you wish us to notify in case of emergency.

- _____
Name Address Phone
- _____
Name Address Phone
- _____
Name Address Phone
- _____
Name Address Phone



SALT LAKE CITY
(801) 364-7871
550 SOUTH 600 EAST
SLC, UT 84102

SANDY
(801) 571-9241
9201 SOUTH 1300 EAST
SLC, UT 84094

WEST VALLEY
(801) 968-4711
4050 WEST 4100 SOUTH
WEST VALLEY, UT 84120

Former Employment (List most recent employer first)

Business Name (Month/Year) **From** _____ **To** _____

Location Phone Contact Person Reason for Leaving

(Month/Year) **From** _____ **To** _____

Business Name

Location Phone Contact Person Reason for Leaving

(Month/Year) **From** _____ **To** _____

Business Name

Location Phone Contact Person Reason for Leaving

Other Comments _____

I understand that, if I am hired, my employment will be at will. As an at-will employee, my employment will be subject to termination by the employer at any time with or without notice for any reason or no reason. I also retain the right to terminate my employment for any reason or no reason. I recognize that no written or oral statements by the employer (manuals, handbooks, bulletins, conversations, or any other form) shall constitute written or implied contract or bind the employer in any manner. Only a written contract signed by the President, CEO or General Manager can bind the employer. I understand that all company policies, benefits, and conditions of employment are subject to unilateral alteration or revocation by the employer with or without notice. I also certify all the information provided in this application is true and that there are no material omission of fact. I consent to the employer's investigation of this information.

Applicant signature _____ Date _____

(do not write below this line)

Interviewed by _____ Date _____

Hire Date _____ Store _____ Postion _____



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