

Swift Greenhouses, Inc.

2724 300TH ST., GILMAN, IA 50106
 PHONE 641/478-3217 FAX 641/478-3226
 www.swiftgreenhouses.com

FACILITY MAINTENANCE APPLICATION

DATE _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ / MAIDEN OR FAMILY NAME _____

STREET ADDRESS, CITY, STATE, ZIP CODE _____

(____) _____ (____) _____ E-MAIL ADDRESS _____ SOCIAL SECURITY _____
 TELEPHONE NUMBER ALTERNATE / CELL NUMBER

CONTACT IN CASE OF EMERGENCY _____
 NAME ADDRESS TELEPHONE NUMBER

CAN YOU WORK WEEKENDS AS NEEDED? YES NO CAN YOU WORK OVERTIME AS NEEDED? YES NO

EDUCATION	SCHOOL NAME CITY AND STATE	NO. OF YEARS ATTENDED	Did you Graguate? WHAT YEAR?	COURSE OR MAJOR
HIGH SCHOOL				N/A
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL, MILITARY				

LIST ANY SPECIAL TRAINING (VOCATIONAL SCHOOLS, SHORT COURSES, WORKSHOPS, ETC) THAT YOU HAVE TAKEN THAT WOULD AID IN THE PERFORMANCE OF THE POSITION(S) FOR WHICH YOU ARE APPLYING: _____

LIST HOBBIES AND SPECIAL SKILLS (COMPUTERS, MECHANICAL, WOODWORKING, PHOTOGRAGHY, ETC.): _____

WHAT QUALITIES DO YOU POSSESS THAT MAKE YOU A GREAT CANDIDATE FOR THIS POSITION? _____

ADDITIONAL COMMENTS: _____

REFERENCES	LIST THE NAME, TITLE, ADDRESS, AND PHONE NUMBER OF TWO PERSONS WITH KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY. PLEASE DO NOT LIST RELATIVES .
1) NAME	RELATIONSHIP
ADDRESS	TELEPHONE NUMBER
2) NAME	RELATIONSHIP
ADDRESS	TELEPHONE NUMBER

PREVIOUS EMPLOYMENT*PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.*

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____	WAGE _____ AVERAGE NUMBER HOURS PER WEEK. _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____	WAGE _____ AVERAGE NUMBER HOURS PER WEEK. _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	REASON FOR LEAVING
STATE JOB TITLE AND DESCRIBE YOUR WORK _____ _____	WAGE _____ AVERAGE NUMBER HOURS PER WEEK. _____ MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? YES NO If "Yes", describe in full. _____

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:

The information I have provided in the Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

YOU MAY BE REQUIRED TO PARTICIPATE IN A DRUG TEST.

SWIFT GREENHOUSES, INC. CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

SIGNATURE OF APPLICANT _____ DATE _____