

# Swift Greenhouses, Inc.

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

This is a fillable form. Please type in your information, save a copy, and email completed application to: [hanss@swiftgreenhouses.com](mailto:hanss@swiftgreenhouses.com)

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME MAIDEN OR FAMILY NAME

STREET ADDRESS, CITY, STATE, ZIP CODE

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

CONTACT IN CASE OF EMERGENCY NAME ADDRESS TELEPHONE NUMBER

HAVE YOU WORKED AT SWIFT GREENHOUSES PREVIOUSLY? YES NO IF YES, LIST YEAR(S)?

AVAILABLE START DATE / / CAN YOU WORK WEEKENDS YES NO CAN YOU WORK OVERTIME? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

EDUCATION	SCHOOL NAME CITY AND STATE	NO. OF YEARS ATTENDED	DID YOU GRADUATE? 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, PHOTOGRAPHY, ETC.):

WHAT QUALITIES DO YOU POSSESS THAT MAKE YOU A 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 <b>DO NOT LIST RELATIVES</b> .
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	HOURLY PAY START END		
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING		
	AVERAGE NUMBER HOURS PER WEEK.		
	MAY WE CONTACT? YES NO		

COMPANY NAME	TELEPHONE NUMBER		
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO		
NAME OF SUPERVISOR	HOURLY PAY START END		
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING		
	AVERAGE NUMBER HOURS PER WEEK.		
	MAY WE CONTACT? YES NO		

COMPANY NAME	TELEPHONE NUMBER		
ADDRESS	EMPLOYED (STATE MONTH & YEAR) FROM TO		
NAME OF SUPERVISOR	HOURLY PAY START END		
STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING		
	AVERAGE NUMBER HOURS PER WEEK.		
	MAY WE CONTACT? YES 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. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

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

**X SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_**

**WE CONSIDER 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.**

**YOU MAY BE REQUIRED TO PARTICIPATE IN A DRUG TEST.**