



LYNDE

GREENHOUSE & NURSERY
9293 Pineview Lane, Maple Grove, MN 55369
(763) 420-4400 • Fax (763) 420-9529
www.lyndegreenhouse.com

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____

Phone Number: _____

Email Address: _____

Current Address: _____

What position are you applying for? _____

What hours are you available to work?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

PLEASE NOTE: You will receive a call for an interview if your qualifications meet the requirements of the position you are applying for. PLEASE NO PHONE CALLS.

Do you expect this to change in the next 90 days? _____

What is the earliest date you could start? _____

Do you have a driver's license? _____

Do you have your own transportation? _____

Are you able to perform the specific duties of this position?

What questions do you have about our company?



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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary \$ _____

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____



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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Job Related Skills

If the job you are applying for requires you to drive, do you have the appropriate valid driver's license? YES NO

DL #: _____ Type: _____ State: _____



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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 90 days. Should your qualifications meet our needs, we will contact you for an interview. Please no phone calls.

EEO STATEMENT:

We are an Equal Opportunity Employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex or any other characteristic protected by State or Federal law.