

RIVER VALLEY HORTICULTURAL PRODUCTS, INC.

21701 LAWSON ROAD
LITTLE ROCK, AR. 72210
PH:501-821-4770 FAX:501-821-5965

JOB APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____ Social Security #: _____
Last, First Middle

Home Phone #: _____ Message Phone # _____ Other Phone # _____

Address: _____
Street or P. O. Box City State Zip Code

Mailing (if different)

Address: _____
Street or P. O. Box City State Zip Code

Date Available for Work: _____ Full Time: _____ Part Time: _____ Flexible: _____

Overtime _____ Days and Hours Available _____
Day From: Mon. Tue. Wed. Thur. Fri. Sat.
To:

Rate of Pay Expected _____ Date of Birth: _____ Are you a U.S. Citizen? ___ Yes ___ No

If no, do you have a legal right and necessary documents to work in the U.S? ___ Yes ___ No.

Have you ever been convicted of a crime except a minor traffic violation? ___ Yes ___ No. If yes,
please give date, court, place where offense occurred and final disposition: _____

EDUCATIONAL HISTORY

Type of School	Name, Address City, and State	Course of Study	Circle Last Year Completed	Graduate? Give Degree.
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High _____ 9 10 11 12 _____

College _____ 12 3 4 _____

College _____

Trade _____

Other _____

If you did not graduate High School, do you have a G. E. D.? ___ Yes ___ No

EMPLOYMENT HISTORY

Did a company ever discharge you? ____ Yes ____ No.
If yes, give name of company(ies) and reason(s).

List employment starting with your **most recent** position.

Date	Name and Address	Rate of		Reason
Month and Year	of Previous Employers	Pay	Position	For Leaving
				May we Contact?
From _____				Yes ____
To _____				No ____
From _____				Yes ____
To _____				No ____
From _____				Yes ____
To _____				No ____
From _____				Yes ____
To _____				No ____

References

Name	Phone #	Address	Relationship	Years Known

Can you work week-ends, if needed?

If no, please give
reason... _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of information in this application to verify my statements, and I authorize an investigation of information regarding my ability, character, previous employment, general reputation, educational background, credit record, driving record and/or criminal history. I release all such persons from any liability or damages on account of having furnished such information. I further agree, If employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor, and that employment is terminable at the will of either the employee or employer."

"I agree to be employed on a _____ calendar days probationary period and that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical examination or drug test whenever requested and if employed, I agree to observe all present and subsequently issued personnel policies and rules. These rules and policies are intended to guide the organization in its relationship with its employees. It is not a contract of employment, and I do not construe it as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies or procedures, in whole or in part, at any time, with or without notice."

Signature of Applicant

Date