GARDEN STATE KOI
POND & WATERFALL DESIGN CENTER

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____ **Date:** _____

Address: _____

Email: _____ **Cell:** _____

Position applied for: _____

Date available: _____

EMPLOYMENT ELIGIBILITY

- ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?   YES   NO
- ARE YOU OVER 18 YEARS OF AGE?   YES   NO
- DO YOU HAVE A VALID DRIVERS LICENSE?   YES   NO
- CAN YOU WORK AT LEAST 20 HOURS A WEEK?   YES   NO
- IF ASKED, WOULD YOU AGREE TO A BACKGROUND CHECK?   YES   NO

EDUCATION

High School: _____ **City/State:** _____

Graduate?   YES   NO

College: _____ **City/State:** _____

Graduate?   YES   NO   **Degree:** _____

Trade School: _____ **City/State**_____

Field of Training or Certification: _____

PREVIOUS EMPLOYMENT

Employer or Individual 1: _____

Email: _____ Phone: _____

Job Title: _____

From: _____ To: _____ Can we contact: YES   NO

Reason for leaving: _____

Employer or Individual 2: _____

Email: _____ Phone: _____

Job Title: _____

From: _____ To: _____ Can we contact: YES   NO

Reason for leaving: _____

Employer or Individual 3: _____

Email: _____ Phone: _____

Job Title: _____

From: _____ To: _____ Can we contact: YES   NO

Reason for leaving: _____

REFERENCES

Name: _____ Relationship: _____

Email: _____Phone: _____

Name: _____ Relationship: _____

Email: _____Phone: _____

Name: _____ **Relationship:** _____

Email: _____**Phone:** _____

INDUSTRY-SPECIFIC EXPERIENCE

Please list any experience you have that may be directly related to ponds/fish/landscaping/plants or other work experience i.e. forklift/heavy machine operation. _____
_____
_____
_____
_____

DISCLAIMER

Garden State Koi & Pond & Waterfall Design Center is an Equal Opportunity Employer and we are committed to excellence through diversity. By signing this application, you certify that the above information is correct to the best of your knowledge. Any falsification of this information may prevent you from being hired or lead to dismissal is hired

DATE: _____ **PRINT NAME:** _____

SIGNATURE: _____

ON-BOARDING INFORMATION

Date of Birth: _____**SSN:** _____

Emergency Contact Name: _____

Emergency Contact Cell: _____

Upcoming Dates Not Available to work: _____

_____

_____