

APPLICATION FOR EMPLOYMENT

About Johnson's

Our family-owned business has roots in the Washington community dating back to .1933 We have stood the test of time by exceeding our customers' expectations by providing prompt, professional service and quality merchandise at a fair price

Working At Johnson's

Working at Johnson's can be equally demanding and .rewarding
We work indoors and outdoors, in all types of .weather
We move or carry heavy objects and are on
our feet much of the .day We support our co-workers and serve
our customers with dependability, initiative, and .enthusiasm

We are treated with respect and earn fair wages
in a fun and casual .workplace In addition, eligible Full-Time
employees enjoy excellent benefits, including health, dental, and life insurance .coverage
Our policy of advancement from within encourages employees to embrace every
learning opportunity and put their knowledge to work

If you would like to know more, just complete and return this .application

Our hiring Manager will arrange an interview if an appropriate opening .exists

We appreciate your interest in working at Johnson's!





Johnson's considers all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or other legally protected status.

Please print in pen and answer <u>all</u> questions or write "N/A" if a question is not applicable to you.

			AB	OUT YOU					
Full Name					Nickname:			Today's Dat	е
First	Middle In	itial	Last						
Home Address								Position Applying	g For:
Street		Unit/Apt #			City/State/Z	ip Code			
Telephone Numbers	Cell Pho	no:	Emai	l Address:				Expected Hourl	y Pay
Emergency Contact		116.	Liliai	Addiess.				Ψ	
Name			Rel	ationship		Phone #	<i></i>		
What prompted you	to apply?		Advertisemen	t	Sign	Friend/R	elative		
	, ,		YOUR AVAI	LABILITY	_				
Date you can start wor	k:/_	I	For how long	g will you be avai	ilable to work f	or us?			
		Please indicat	e below the days	and times you a	re available to	work			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturda	у	Sunday	Total Hours P	er Week
Were you referred to us	s by a current Joh	inson's employe	e?					NO	YES
Have you ever worked	for Johnson's Flo	rist & Garden Ce	nters or any oth	er entity of Raym	ond T. Johnson	n, Inc. ?		NO	YES
If yes, who	en and which loca	tion:							
Do you have any rel	atives working 1	for Johnson's?	,					NO	YES
If you are under 18 y	ears of age, can	you provide p	roof of your eli	gibility to work	(I.e. a work pe	ermit)?		NO	YES
Are you prevented from	n being legally en	nployed in the U.	S. for any reason	n?				NO	YES
Do you have specific horticulture or floriculture experience or knowledge?						NO	YES		
Have you ever held a	position of trust	(handling mone	y and/or confide	ential material)?				NO	YES
If yes, please	explain:								
Why do you desire t	o make a job ch	nange?							
Do you have steady	transportation	to work?						NO	YES
,			ELIVERY DR	IVER APPLI	CANTS				
TO BE C	ONSIDERED FOR	EMPLOYMENT YO	OU MUST PROVID	E A CURRENT CO	OPY OF YOUR M	IVA DRIVIN	IG RECORD D	ATING BACK 3 YE	ARS
Drivers License #			_ Class \$	State Issued	Exp. Da	ate	/	1	

EMPLOYMENT HISTORY We will accept your resume however the information below must be provided here starting with your most recent job. **EMPLOYER INFORMATION** DATES AND FACTS YOUR JOB TITLE AND PRIMARY DUTIES Start Date: ______ To:____ Company Name _____ Address _____ **Hourly/Weekly Wages** Starting \$_____ Final \$ Supervisor Name **Reason For Separation** Supervisor Position _____ Resigned Terminated Other; Explain Telephone # ___ **EMPLOYER INFORMATION** DATES AND FACTS YOUR JOB TITLE AND PRIMARY DUTIES Start Date: _____ To:____ Company Name _____ Address Hourly/Weekly Wages ___ Final \$__ Starting \$___ Supervisor Name ___ Reason For Separation Supervisor Position _____ Resigned Terminated Other; Explain Telephone # ___ **EMPLOYER INFORMATION** DATES AND FACTS YOUR JOB TITLE AND PRIMARY DUTIES Start Date: ______ To:____ Company Name ____ Address _____ Hourly/Weekly Wages Starting \$___ ___ Final \$__ Supervisor Name ___ **Reason For Separation** Supervisor Position _____ Resigned Terminated Other; Explain Telephone #_ **EMPLOYER INFORMATION** DATES AND FACTS YOUR JOB TITLE AND PRIMARY DUTIES Start Date: _____ To:__ Company Name _____ Address _____ Hourly/Weekly Wages Starting \$_____ Final \$___ Supervisor Name ___ **Reason For Separation** Supervisor Position Resigned Terminated Other; Explain Telephone # **EMPLOYER INFORMATION** DATES AND FACTS YOUR JOB TITLE AND PRIMARY DUTIES Start Date: _____ To:___ Company Name Address _____ Hourly/Weekly Wages Final \$ Supervisor Name _____ **Reason For Separation** Supervisor Position _____ ResignedTerminatedOther; Explain Telephone # Please explain any gaps in employment: **EDUCATION HISTORY** NAME AND ADDRESS COURSE OF STUDY HONORS RECEIVED LEVEL OF EDUCATION **GRADUATE?** NO YES **HIGH SCHOOL** NO **COLLEGE (UNDERGRADUATE)** YES **GRADUATE (PROFESSIONAL)** NO YES NO YES TRADE/BUSINESS/OTHER **MILITARY SERVICE BRANCH/DUTIES** SPECIAL TRAINING

TO OUR APPLICANTS

TO ALL APPLICANTS

Please review the information printed on the front of this application form or review the job description if one is provided with this application. Most positions require moderate to heavy lifting and standing or walking for extended periods PLUS other requirements. Are you ABLE to perform, in a reasonable manner, with or without accommodation, the activities described? YES NO

TO MARYLAND APPLICANTS ONLY

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE OR CONTINUED, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00. Your signature here is required by Maryland State law:

APPLICANT'S STATEMENT

I understand that submitting this Application For Employment does not guarantee a job opening exists and does not obligate Johnson's Florist & Garden Centers in any way.

I authorize investigation of all statements contained in this Application For Employment as may be necessary to arrive at an employment decision and I hereby release all who respond to investigation and authorize their answers about my past employment. I understand that this Application For Employment is considered "active" for a period of 45 days and if I wish to be considered for employment beyond this period, I will re-apply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Johnson's Florist & Garden Centers is of an "At Will" nature, which means that an employee may resign at any time and the employer may terminate an employee at any time, for any reason or for no reason, and that the decision to terminate is at the will of the person making the decision. I understand that this "At Will" employment may not be changed by any written document or conduct of any individual within this organization.

In the event I am employed with Johnson's Florist & Garden Centers, I agree to abide by all Johnson's policies, procedures, and standards for the duration of my employment.

I certify that all of the answers given herein are correct. I understand that that if I provide any false or misleading information in this

Application For Employment or employment interview may result in termination.

Forklift/Tractor

Truck Driving

Delivery

Applicant's Signature	Name Printed	Date			
MORE ABOUT YOU					
List 4 things important to you in a workplace:	List 4 characteristics that describe you:	List 4 reasons you would like to work here:			
1.	1.	1.			
2.	2.	2.			
3.	3.	3.			
4.	4.	4.			
SPECIAL SKILLS OR EQUIPMENT OPERATION					
Please list any languages you speak fluently, other than English:					
Computer hardware and/or software, please specify:					

Marketing **Graphic Design** Accounting/Bookkeeping Typing/Administrative Skills Advertising

Plumbing

LIST THREE (3) REFERENCES Excluding family members and employers

AME	OCCUPATION	TELEPHONE NUMB

Carpentry

Electrical

Machinery

NAME	OCCUPATION	TELEPHONE NUMBER