



APPLICATION FOR EMPLOYMENT

Salmon Falls Nursery is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, genetic information, or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Phone: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes No

Do you have a valid Driver's License? Yes No

How were you referred Salmon Falls Nursery? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Last grade completed: _____ Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Last grade completed: _____ Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Last grade completed: _____ Degree/Diploma: _____

SPECIAL SKILLS AND CERFICATIONS:

Summarize any training, skills, licenses and / or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

MILITARY EXPERIENCE:

Branch of Service: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____	Telephone: _____
Address: _____	
Position Title: _____	Supervisor name/email/phone: _____
Start Date: _____	Date Left: _____
Beginning Salary: _____	Ending Salary: _____
Duties: _____	
Reason for Leaving: _____	
Where you subject to FMCSR while working for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: _____	Telephone: _____
Address: _____	
Position Title: _____	Supervisor name/email/phone: _____
Start Date: _____	Date Left: _____
Beginning Salary: _____	Ending Salary: _____
Duties: _____	
Reason for Leaving: _____	
Where you subject to FMCSR while working for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer: _____	Telephone: _____
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Duties: _____	
Reason for Leaving: _____	
Where you subject to FMCSR while working for this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job with this company designated as a safety sensitive function subject to drug and alcohol testing requirements of 49 CFR	<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver-Experience and Qualification (to be completed only if applying for driving position)

(Complete if you have driven a company vehicle subjected to FMCSR- Federal Motor Carrier Safety Administration)

Drivers Licenses	State	License #	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate # of miles (total)
		From	To	
Straight Truck				
Tractor & Semi-Tractor				
Tractor Two Trailers				
Other				

Accident record for the past 3 years or more (attach sheet if more space is needed)

Dates	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident			
Previous			
Previous			

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
 Have any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

Driver Applicants

Please understand that information you provide regarding, current and previous employers may be used and those employers will be contacted for the purpose of investigating your safety performance history as required by 49 CFR 391.23 (d) and (e). The attached statement entitled - Due Process Rights (regarding information received as a result of investigations required by 49 CFR 391.23 (d) and (e) is being provided in accordance with 49 CFR 391.23 (i).

I have read, understand and agree to the attached Due Process Statement.

Applicant Signature _____ Date _____

Printed Name _____

STATEMENT (Please read this statement carefully before signing this application)

If employed, I agree to comply with Salmon Falls Nursery's rules and policies, and I acknowledge that these rules and policies may be changed at any time at the discretion of the Company.

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume and all accompanying documents, are cause for termination, regardless of the time elapsed before discovery. I authorize Salmon Falls Nursery to check and verify all information provided in my application, and hereby release Salmon Falls Nursery and its agents and employees from any claims, charges, or liabilities whatsoever that may result from the verification process.

I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. Permission is hereby given to Salmon Falls Nursery or any agent thereof to investigate previous employment, educational background, criminal background and reference information including job performance, salary history, employment dates, etc. I release Salmon Falls Nursery, its subsidiaries and former employers from any liability resulting from any information provided in connection with this application. Further I understand that an offer of employment is also contingent on successfully passing a drug test.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state and federal law.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Finally, I understand that my employment at Salmon Falls Nursery is at-will and may be terminated at any time by either Salmon Falls Nursery or myself with or without cause. I understand that signing the Salmon Falls Nursery At-Will Agreement is a condition of employment at Salmon Falls Nursery. I understand that any change in at-will status must be in writing signed by me and the Company. I understand that the receipt of this application does not imply that I will be employed. I understand that this employment application is not an express or implied employment contract, and if I am employed, does not alter my at-will employment relationship with Salmon Falls Nursery. I further understand that Salmon Falls Nursery's Employee Handbook and the policies contained therein do not constitute an express or implied employment contract, and if I am employed, do not alter my at-will employment relationship with Salmon Falls Nursery.

Signature of Applicant: _____ **Date Signed:** _____

Due Process Rights*

***Complete if you have driven a company vehicle subjected to FMCSR-Federal Motor Carrier Safety Administration.**

(Regarding information received as a result of investigations required by 49 CFR 391.23 (d) and (e))

- (i)(1)(i) The right to review information provided by previous employers;
- (i)(1)(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (i)(1)(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.
- (i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Received by: _____ Date: _____
Signature

Name: _____
Printed

Notice and Disclosure to Employment Applicant Regarding Procurement of a Consumer Report and/or Investigative Report

In connection with your application for employment, Salmon Falls Nursery may procure a “consumer report” on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested. The U.S. Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment and acknowledge your receipt of “A Summary of Your Rights under the Fair Credit Reporting Act.” The report(s) will be processed by:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
1-800-367-5933

Applicant’s Name: _____ Date: _____
(Please Print)

Applicant’s Street Address: _____

City/State/Country/ZIP or Postal Code: _____

Applicant’s Signature: _____

Social Security Number: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.
- **You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.
- **You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.
- **You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.
- **Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.
- **Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.
- **Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

- **You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future.
- **You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

TYPE OF BUSINESS: CONTACT:

Consumer reporting agencies, creditors and others not listed below Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580 1-877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)
Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)
Federal Reserve Consumer Help (FRCH)
P O Box 1200
Minneapolis, MN 55480
Telephone: 888-851-1920
Website Address: www.federalreserveconsumerhelp.gov
Email Address: ConsumerHelp@FederalReserve.gov

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)
Office of Thrift Supervision
Consumer Complaints
Washington, DC 20552 800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 703-519-4600

State-chartered banks that are not members of the Federal Reserve System
Federal Deposit Insurance Corporation
Consumer Response Center, 2345 Grand Avenue, Suite 100
Kansas City, Missouri 64108-2638 1-877-275-3342

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission
Department of Transportation, Office of Financial Management
Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 202-720-7051