

**Employment Application**  
**General Information**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.

|  |  |   |      |  |              |                |
|--|--|---|------|--|--------------|----------------|
| Last Name  |  | First   |      | Middle Initial   | Today's Date |                |
| Street Address   |  |   | City |  | State        | Zip Code       |
| Home Phone   |  | Work Phone  |      | Other Phone  |              |                |
| ( )  |  | ( )   |      | ( )  |              |                |
| Work assignment applying for:  |  | Type of work desired  |      | Own Transportation? <input type="checkbox"/> No <input type="checkbox"/> Yes                                   |              | Date Available |
| <input type="checkbox"/> Shipping <input type="checkbox"/> Customer Service  |  | <input type="checkbox"/> full-time<br><input type="checkbox"/> part-time<br><input type="checkbox"/> seasonal |      | Shift Desired:<br><input type="checkbox"/> morning <input type="checkbox"/> day <input type="checkbox"/> night |              |                |
| <input type="checkbox"/> Nursery <input type="checkbox"/> Office   |  |   |      |  |              |                |
| How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?   |  |   |      |  |              |                |
| Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:  |  |   |      |  |              |                |
| Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |   |      |  |              |                |
| Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If offered employment, you will be required to provide documentation to verify eligibility. See list on page three for possible documents. |  |   |      |  |              |                |
| Are you now or have you ever been employed by TAS, Inc., Cottage Hill Nursery or CHFulfillment Services? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, please list the department and dates below:                                     |  |   |      |  |              |                |
| Please list any special skills or special training (not listed below) you have that qualifies you for this position:   |  |   |      |  |              |                |

**Education**

|   |  |               |       |   |  |  |
|---|--|---------------|-------|---|--|--|
| High School Name  |  | City          | State | Highest Grade Completed: (circle)   |  |  |
|   |  |               |       | 1 2 3 4 5 6 7 8 9 10 11 12  |  |  |
| College and/or Technical School Name  |  | City          | State | Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
|   |  |               |       | If degree not earned, years completed:  |  |  |
| Major   |  | Degree Earned |       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |  |  |
| Other Training or Degrees School Name   |  | City          | State |   |  |  |
|   |  |               |       |   |  |  |
| Major   |  | Degree Earned |       |   |  |  |
|   |  |               |       |   |  |  |
| Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, please ask for and complete conviction questionnaire. |  |               |       |   |  |  |
| **A record of a criminal conviction will not necessarily bar you from employment**  |  |               |       |   |  |  |

**Job Description:**

Attached is a job description of the general requirements of the position for which you are applying. Is there any reason you would not be physically able to perform those job duties in a manner safe for yourself and those around you?

No  Yes

If yes, explain:

**Employment History:** List current/last employer first, including U.S. Military service.

|                      |             |                         |                     |                           |       |          |
|----------------------|-------------|-------------------------|---------------------|---------------------------|-------|----------|
| Employer Name        |             | Address                 |                     | City                      | State | Zip Code |
| Telephone No.<br>( ) |             | Job Title               |                     | Supervisor's Name & Title |       |          |
| Beginning Date       | Ending Date | Beginning/Ending Salary | Reason for leaving: |                           |       |          |
| Summary of duties:   |             |                         |                     |                           |       |          |
| Employer Name        |             | Address                 |                     | City                      | State | Zip Code |
| Telephone No.<br>( ) |             | Job Title               |                     | Supervisor's Name & Title |       |          |
| Beginning Date       | Ending Date | Beginning/Ending Salary | Reason for leaving: |                           |       |          |
| Summary of duties:   |             |                         |                     |                           |       |          |
| Employer Name        |             | Address                 |                     | City                      | State | Zip Code |
| Telephone No.<br>( ) |             | Job Title               |                     | Supervisor's Name & Title |       |          |
| Beginning Date       | Ending Date | Beginning/Ending Salary | Reason for leaving: |                           |       |          |
| Summary of duties:   |             |                         |                     |                           |       |          |
| Employer Name        |             | Address                 |                     | City                      | State | Zip Code |
| Telephone No.<br>( ) |             | Job Title               |                     | Supervisor's Name & Title |       |          |
| Beginning Date       | Ending Date | Beginning/Ending Salary | Reason for leaving: |                           |       |          |
| Summary of duties:   |             |                         |                     |                           |       |          |

**Skills**  
List software in which you are proficient:

|   |  |                                    |                               |                               |                                    |                               |                               |
|---|--|------------------------------------|-------------------------------|-------------------------------|------------------------------------|-------------------------------|-------------------------------|
| Second Languages (including Sign Language): |  | Fluency                            |                               |                               |                                    |                               |                               |
| Language                                    |  | Written                            |                               |                               | Spoken                             |                               |                               |
|   |  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
|   |  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

I hereby certify that all of the facts listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application, and if employed, will be just cause for termination at any time. I view the acceptance of this application as an offer to employ and in view of the same, I further authorize the company to contact the Social Security Administration, any prior employer, physician, clinic, or consumer reporting agency as necessary to obtain verification of prior employers, or statements listed herein, or information necessary to verify my ability to perform any job offered for placement. I recognize TAS as my direct employer in the temporary co-employment situation, and in view of this, I hereby agree to hold any and all TAS clients or third party client customers harmless from any and all claims of any kind whatsoever as related to my temporary placement with their firm.

**MISREPRESENTATIONS AS TO PRE-EXISTING PHYSICAL AND MENTAL CONDITIONS MAY VOID YOUR WORKERS' COMPENSATION BENEFITS.**

|                         |       |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

## LISTS OF ACCEPTABLE DOCUMENTS

| LIST A   | LIST B                                   | LIST C   |
|--|--|--|
| <b>Documents that Establish Both Identity and Employment Eligibility</b>   | <b>Documents that Establish Identity</b> | <b>Documents that Establish Employment Eligibility</b>   |
| <ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol> | OR                                       | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> |
|  | AND                                      | <ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>   |

TEMPORARY AGRICULTURAL SERVICES, INC.

TERMS AND CONDITIONS OF TEMPORARY EMPLOYMENT

1. TAS is an Equal Opportunity Employer.
2. TAS offers only temporary employment at will. TAS does not and cannot offer any specific term of employment to any applicant. I understand and accept that no TAS staff member, or any representative of the Company, other than the president, and then only with written authorization, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
3. If employed, I agree to acquaint myself with, and abide by, all rules, regulations, and company policies that are established or amended by TAS and/or its client to whom I am assigned.
4. I further understand and agree that my employment and compensation will be for an indefinite duration, and can be terminated, with or without cause and with or without notice, at any time, at the option of either TAS or myself.
5. I further understand and agree that my employment will be under the direct supervision of a TAS client company who has contracted with TAS for supply of temporary employees to meet current manpower demands. It is with this understanding that I further agree to abide by all rules, regulations, and policies of any TAS client with which I accept assignment, so long as they do not directly conflict with those of TAS.
6. I understand that TAS clients will monitor and track the amount of time worked in any pay period and that such time will be forwarded to TAS. I accept that TAS will pay only for hours forwarded by their clients.
7. I further accept that TAS, not their clients, will be my employer for all such temporary work assignments. I do accept that any TAS client may cease to utilize my services at any time, for any reason, with or without cause and with or without notice. At such time, it will be my responsibility to notify TAS and to advise of my availability for future temporary work opportunities.
8. I further understand that TAS's clients may reserve the right, but not the obligation, to offer direct employment to any TAS temporary employees after 90 days of continuous service with that client.
9. I understand and voluntarily agree to undergo drug and alcohol screens (urinalysis) for either TAS or any TAS client company as a condition of employment and also at any time as a condition of continued employment. I fully understand that failure or refusal to take such a test, or unsatisfactory test results, shall be considered sufficient cause for dismissal.
10. I agree to provide to TAS all proper documentation as required by the Department of Labor within three (3) days of my employment date. I understand that failure to provide the necessary documentation within the three-day time frame will result in my termination.
11. I have read the "Work Environment and Job Activities". I know of no reason that I am not capable of performing all the job requirements in the work environment except as I have stated in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLEASE PRINT NAME LEGIBLY

## Work Environment and Job Activities For CHFS Job Assignments

- **CHFullment's warehouse is a non-climate controlled environment affected by outside temperature changes and conditions. Warehouse conditions can be either cold or hot. Dress appropriately. Job duties may require that you work in a dusty or wet environment.**
- **Workers should be capable of standing on a concrete floor for an entire shift which may be 8 hours or longer. Normal breaks and lunches will be assigned to each shift.**
- **Workers should be capable of lifting up to 20 pounds repeatedly throughout a shift which may be 8 hours or longer. Occasional lifting of 50 pounds may be required. Lifting may range from floor level to overhead.**
- **Workers should be capable of keeping up with our fast paced, high volume production and assembly lines.**
- **Workers must work well with others.**
- **Workers work with and around agricultural products such as potted plants, bareroot plants, bulbs, bareroot trees and roses. Workers who are sensitive or allergic to plants may not be capable of performing the essential requirements of the job.**
- **Workers will be handling plants, folding boxes, using clippers, taping machines, scissors, box cutters, twist ties, and brooms on a regular basis. You may also be required to use pallet jacks, push carts, dollies, golf cars, wagons and other equipment from time to time.**
- **You will be moved among job duties as needed.**
- **Individuals must be alert and able to work safely around moving equipment such as forklifts, tractors, and wagons.**
- **Workers must have good vision (with or without glasses or contacts) and some jobs may require reading pack slips, tags, and bags for the light assembly of products and offers.**
- **Workers must not be under the influence of drugs or alcohol.**
- **Workers must be capable of performing these activities within this environment. If you know of any reason you are unable to perform the job activities in this environment, explain:**

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**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Work Environment and Job Activities  
For Cottage Hill Nursery, Inc. Job Assignments**

- **Conditions on the nursery can be hot or cold, sometimes extremely hot or cold. Dress appropriately. Job duties may require that you work in a dusty, wet, rainy, or extreme temperature environment. The working environment inside a greenhouse can be extremely hot and humid just as the environment on the nursery can be extremely hot or cold, windy and cold, or dry and dusty.**
- **Job duties are very demanding and workers must strictly adhere to quality specifications. Sloppy work cannot and will not be tolerated.**
- **Workers should be capable of working on their feet for an entire shift that may be 8 hours or longer. Normal breaks and lunches will be assigned to each shift.**
- **Workers should be capable of lifting 20-75 pounds repeatedly throughout each workday. On occasion, workers may be required to lift up to 100 pounds.**
- **Workers may perform any combination of duties concerned with horticultural activities: haul, spread, dig, rake, mix, prepare greenhouses, plant, spray, weed, water, prune, trim, shape/space product, fertilize, tie, bunch, wrap, load, transplant, fill flats, install hangers and/or tags, take cuttings, prepare plants for shipment. Some duties require extensive bending, stooping, crouching and loading.**
- **Workers are excluded from any involvement with non-nursery fulfillment duties.**
- **Workers must work well with others and will not participate in disruptive behavior.**
- **Workers work with and around agricultural products such as potted plants, bare root plants, bulbs, bare root trees and roses. Workers who are sensitive or allergic to plants may not be capable of performing the essential requirements of the job.**
- **You will be moved among job duties as needed.**
- **Individuals must be alert and able to work safely around moving equipment such as forklifts, tractors, and wagons.**
- **Workers must not be under the influence of drugs or alcohol. Random drug testing is possible.**
- **Workers must be capable of performing these activities within this environment. If you know of any reason you are unable to perform the job activities in this environment, explain:**

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**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

## CONVICTION QUESTIONNAIRE

**To be completed by applicants who answer “yes” to the question  
“Have you ever been convicted of a crime other than a minor traffic offense”**

**PROVIDE THE FOLLOWING INFORMATION FOR EVERY CRIME FOR WHICH YOU HAVE BEEN CONVICTED. Disclosure of your criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness in relation to the job for which you are applying. However, failure to disclose all required information may result in disqualification of your application for employment or discharge from employment. Additional forms will be provided if needed.**

Applicant Name: \_\_\_\_\_ Other names or aliases:  
(last name, first name, initial) 1. \_\_\_\_\_  
2. \_\_\_\_\_

**List only offenses for which you were convicted or pled guilty. Do not list arrests.**

Date of conviction: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
(month, day, year) (county, state)

Nature of offense: \_\_\_\_\_ Was this a felony \_\_\_ or a misdemeanor \_\_\_ ? Classification: \_\_\_\_\_  
(Class A, B, etc)

Penalty of Disposition Imposed: \_\_\_\_\_ Date of Release from Prison: \_\_\_\_\_

Current Legal Status of Offense: \_\_\_\_\_ (parole, probation, work release, etc.)

Date of conviction: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
(month, day, year) (county, state)

Nature of offense: \_\_\_\_\_ Was this a felony \_\_\_ or a misdemeanor \_\_\_ ? Classification: \_\_\_\_\_  
(Class A, B, etc)

Penalty of Disposition Imposed: \_\_\_\_\_ Date of Release from Prison: \_\_\_\_\_

Current Legal Status of Offense: \_\_\_\_\_ (parole, probation, work release, etc.)

Date of conviction: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
(month, day, year) (county, state)

Nature of offense: \_\_\_\_\_ Was this a felony \_\_\_ or a misdemeanor \_\_\_ ? Classification: \_\_\_\_\_  
(Class A, B, etc)

Penalty of Disposition Imposed: \_\_\_\_\_ Date of Release from Prison: \_\_\_\_\_

Current Legal Status of Offense: \_\_\_\_\_ (parole, probation, work release, etc.)

Under penalty of perjury, I hereby certify that the information contained on this form is accurate and complete. I acknowledge that if I am hired, I may be terminated immediately if the company discovers a misrepresentation or omission in the information I have provided on this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date