

# Hawaiian Sunshine Nursery, Inc.

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**HSN Use Only:**

1st Interview

2nd Interview

3rd Interview

Reference Check

## JOB APPLICATION

**[Sec. #1] Applicant Info**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Education: High School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_ Years completed or Degree: \_\_\_\_\_

Special Training/Certificates: \_\_\_\_\_

**[Sec. #2]**

For which position are you applying? \_\_\_\_\_ What are your salary requirements: \_\_\_\_\_

Do you want  Full-Time or  Part-Time What hours can you work Start: \_\_\_\_\_ End: \_\_\_\_\_

Check the days you are available to work  Mon  Tues  Wed  Thur  Fri  Sat  Sun  Any

What Date can you Start: \_\_\_\_\_ May we contact your current employer?  Yes  No

**[Sec. #3]**

PREVIOUS JOBS: Start with the most recent job held. Please list additional jobs held in last 10 years. (See Page 3 for additional space)

Start Date:	Company Name:	Phone:
End Date:	Address:	Position:
Start Pay:	Supervisor's Name:	Duties:
End Pay:	Reason for Leaving:	
Start Date:	Company Name:	Phone:
End Date:	Address:	Position:
Start Pay:	Supervisor's Name:	Duties:
End Pay:	Reason for Leaving:	
Start Date:	Company Name:	Phone:
End Date:	Address:	Position:
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End Date:	Address:	Position:
Start Pay:	Supervisor's Name:	Duties:
End Pay:	Reason for Leaving:	

**PROFESSIONAL REFERENCES (not relatives):**

Name:	Relationship to You	Phone Number

**[Sec.#4] Please check items in which you have expertise:**

(See Page 3 if you need additional space to answer.)

- Pest Identification     Transplanting     Production Line Work     Forklift Operation     Office Skills
- Pest Control     Watering in Nursery     Covering Greenhouses     Forklift Certified     Sales
- Fertilizer Application     Power Sprayers     Vehicle Maintenance     CDL     Record Keeping
- Growth Regulators     Irrigation & Repairs     Small Engine Repair     Supervision
- Computer Skills - List Skills

List any equipment you have used that may be job related:

List any work or life experience which you feel would help you on this job.

**Nursery work requires certain abilities and strengths. Please answer "Yes" or "No" to the following questions:**

- Can you lift and carry 50 pounds?     Yes     No    Can you walk on rough/hard terrain?     Yes     No
- Can you bend and kneel?     Yes     No    Do you have a valid drivers license?     Yes     No
- Can you work the day without smoking?     Yes     No    Do you have a clean driving abstract?     Yes     No
- Can you stand on your feet all day?     Yes     No    Do you have reliable transportation?     Yes     No
- Are you willing to take a physical as a pre-requisite of employment?     Yes     No

Please explain any "No" Responses:

Can you stand on your feet all day?     Yes     No    Explain: \_\_\_\_\_

Are you color blind?     Yes     No

Do you have any other limitations that would make you unsuitable for nursery work?     Yes     No

If yes, please explain: \_\_\_\_\_

**[Sec.#5] Tell us about yourself. List the following, as they would relate to your job performance:**

***Your Strengths***

***Your Weaknesses***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**[Sec.#6] Signature and Releases**

Any false information on this application will disqualify you from consideration as an employee. False information discovered after being hired is grounds for dismissal. I have read this and all information on this application is truthful.

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Today's Date:

Hawaiian Sunshine Nursery, Inc. has permission to request information regarding my employment history with your company.

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Today's Date:

Hawaiian Sunshine Nursery, Inc. has permission to request information regarding my health history and medical records which would influence my ability to work in a plant nursery at a very physical job.

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Today's Date:

[Section #3 addendum]

**Additional Job History**

Start Date:	Company Name:	Phone:
End Date:	Address:	Position:
Start Pay:	Supervisor's Name:	Duties:
End Pay:	Reason for Leaving:	

  

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End Date:	Address:	Position:
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**Additional Answers, Info and Comments**