



11200 W KELLOGG
 Wichita, KS 67209
 Phone: (316) 722-7516
 Fax: (316) 722-6266

Family owned and operated since 1952

Date of Application _____

Fields marked with an asterisk (*) must be filled out before submitting.

We are an equal opportunity employer. All applicants are considered, without regard to race, color, religion, sex, national origin, age, marital or veteran status, physical or mental disability, or any other legally protected status.

Basic Information

First Name*	Middle Name*	Last Name*
Current Address*		
City*	State*	Zipcode*
Phone Number*	Secondary Phone Number*	Email address*

21 years or older?* Yes No

If under 21, enter date of birth _____

Education

Are you currently a student?* Yes No

Name of School	Major/Area of Study	Expected Graduation Date
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Are you a college graduate?* Yes No

Name of School _____

Are you a high school graduate?* Yes No

Name of School _____

Are you a trade, technical, or business school graduate?* Yes No

Name of School _____



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Driving Information

Do you have a valid driver's license?* Yes No

Driver's License Number*	State Issued*	Expiration Date*
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Have you been convicted of a DUI within the last 5 years?* Yes No

Background Information

Have you been convicted of a felony within the last 7 years?* Yes No

If yes, explain below (conviction will not necessarily disqualify applicant from employment)

Position Applying For*	Full Time	Part Time
Landscape Department		(Full Time only)
Garden Center Sales		
Garden Center Laborer		
Cashier		
Delivery Person		

Employment Type*	
Full Time	Part Time
Seasonal Full Time	Seasonal Part Time

Date you can start* _____

Are you willing to work overtime? * Yes No

Salary range desired per hour* \$_____

Are you currently employed?* Yes No

Have you been employed by Brady Nursery before?* Yes No

If yes, give date _____



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Preferred Work Schedule

How many hours per week would you like to work?* _____

Day	Availability*
Monday (ex. 8:30-3:00, 4:00-7:00, or flexible)	
Tuesday (ex. 10:00-7:00, 4:00-7:00, or flexible)	
Wednesday (ex. 8:30-6:00, 4:00-7:00, or flexible)	
Thursday (ex. 8:30-5:30, 4:00-7:00, or flexible)	
Friday (ex. 10:30-7:00, 4:00-7:00, or flexible)	
Saturday (ex. 8:30-6:00 or flexible)	
Sunday (ex. 11:30-5:30 or flexible)	

Note: If hired, your schedule may or may not use all of your available hours.

Additional information about your schedule that prevents you from working (example: wedding, vacation, etc.) _____

Do you have any special skills that may be helpful to us in considering your application you would like to tell us about?

Do you have any experience with farming or related work? Explain _____

List all mechanical or operational experience _____

Types of machinery _____

Physical Limitations

Are you able to lift 20lbs numerous times throughout the day? Yes No

Are you able to lift up to 50lbs? Yes No

Are you able to walk/remain standing for 4-6 hours per day? Yes No



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Are you able to walk/remain standing for 6-8 hours per day? Yes No

Are you able to bend or squat repeatedly over an extended period of time? Yes No

Are you able to perform tasks with your hand/fingers through the day (hold, grasp, pick, pinch?) Yes No

Are you able to work outdoors (including extreme heat, sun, cold, etc.) for 4-6 hours per day? Yes No

Are you able to work outdoors (including extreme heat, sun, cold, etc.) for 6-8 hours per day? Yes No

What has motivated you to submit an application with Brady Nursery?

In what way would Brady Nursery benefit by having you as an employee?

References

Please list 3 persons who are NOT related to you. 21 years or older. List their name, address, phone number, business, and years acquainted.

Reference #1			
Name	Address	Phone Number	Years Acquainted

Reference #2			
Name	Address	Phone Number	Years Acquainted

Reference #3			
Name	Address	Phone Number	Years Acquainted



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Employment Experience - Start with your current or most recent job.

Employer #1		
Employer*	Dates Employed *	
	From *	To*
Supervisor*	Phone Number*	
Address*	Position * (work performed)	Salary * (starting and ending)

May we contact?* Yes No

Employer #2		
Employer	Dates Employed	
	From	To
Supervisor	Phone Number	
Address	Position (work performed)	Salary (starting and ending)
Reason for Leaving		

May we contact? Yes No

Employer #3		
Employer	Dates Employed	
	From	To
Supervisor	Phone Number	
Address	Position (work performed)	Salary (starting and ending)
Reason for Leaving		

May we contact? Yes No



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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

I understand that as a condition of employment, I may be required to undergo a medical examination and substance test.

Signature

Date