

The Gardening Angel, Inc.
 3401 Michigan NE
 Grand Rapids, MI 49525
 Phone: (616) 957-0236 Fax: (616) 957-0236
 E-mail: info@thegardeningangel.us



EMPLOYMENT APPLICATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

How did you hear about employment opportunity with TGA? _____

Position applying for: _____

GARDENING SKILLS/RELATED EXPERIENCE

AVAILABILITY

What days are you available to work (minimum of three days a week)? _____

Available start date: _____

PREVIOUS EMPLOYMENT

EMPLOYER	START DATE/END DATE	REASON FOR LEAVING

EDUCATION (College, technical, high school)

INSTITUTION	DATE OF COMPLETION	Degree, Certification or Coursework

Do you have reliable transportation to/from work? Yes No

Do you have allergies? (Bee stings, pollen, molds, etc.) Yes (specify) _____ No

Are you able to lift 30 lbs.? Yes No

We require that you have your own hand tools (available for purchased through TGA) and rain gear.
Will that be a problem? Yes No

PROFESSIONAL REFERENCES (3 required)

Name	Relationship	Phone	Email

SIGNATURE _____ DATE _____