

**Hartman Companies, Inc**  
**8099 Bavaria Road, Victoria, MN 55386**  
**Ph: (952) 443-2990 Fax: (952) 443-2835**

**PLEASE PRINT ALL  
 INFORMATION REQUESTED  
 EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Street Address
City
State
Zip

How long?  
 Telephone \_\_\_\_\_ email \_\_\_\_\_

If under 18, please list age: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thurs \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired:    SEASONAL    FULL-TIME ONLY    PART-TIME ONLY    FULL- OR PART-TIME

When available for work? \_\_\_\_\_

| Type of School       | Name of School | Location (complete mailing address) | Number of Years Completed | Major/Degree |
|----------------------|----------------|-------------------------------------|---------------------------|--------------|
| High School          |                |                                     |                           |              |
|                      |                |                                     |                           |              |
| College              |                |                                     |                           |              |
|                      |                |                                     |                           |              |
| Bus. or Trade School |                |                                     |                           |              |
|                      |                |                                     |                           |              |
| Professional School  |                |                                     |                           |              |
|                      |                |                                     |                           |              |

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**PHYSICAL AND ENVIRONMENTAL REQUIREMENTS:**

- Able to work outdoors for extended periods of time.  YES  NO
- Able to work within close proximity including touching horticulture products and plants  YES  NO
- Able to lift and maneuver 40 lbs.  YES  NO

I certify I have no physical restrictions. Signature: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_  Operator  
Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_  Commercial (CDL)  
Expiration date \_\_\_\_\_ type: \_\_\_\_\_

**OFFICE ONLY**

Typing  No  Yes \_\_\_\_\_ WPM 10 Key  No  Yes Word Processing  No  Yes \_\_\_\_\_ WPM  
Personal Computer  No  Yes PC  MAC  Other Skills \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Work Experience** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

|   |                         |                  |                |
|---|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State Zip Code<br>Phone Number | Name of Last Supervisor | Employment Dates | Pay or Salary  |
|   |                         | From<br>To       | Start<br>Final |
|   | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|   |                         |                  |                |
|---|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State Zip Code<br>Phone Number | Name of Last Supervisor | Employment Dates | Pay or Salary  |
|   |                         | From<br>To       | Start<br>Final |
|   | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific

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Work Experience Continued

|   |                            |                     |                |
|---|----------------------------|---------------------|----------------|
| Name of employer<br>Address<br>City, State Zip Code<br>Phone Number | Name of Last<br>Supervisor | Employment<br>Dates | Pay or Salary  |
|   |                            | From<br>To          | Start<br>Final |
| Your last job title   |                            |                     |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|   |                              |                             |
|---|------------------------------|-----------------------------|
|   | <b>Military</b>              |                             |
| HAVE YOU EVER BEEN IN THE ARMED FORCES?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Specialty _____                             | Date Entered _____           | Discharged Date _____       |

May we contact your present employer?       YES     NO  
 Did you complete this application yourself?       YES     NO  
 If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Hartman Companies, Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hartman Companies, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Hartman Companies, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications

Thank you for completing this application form and for your interest in our business.