



Ferguson's Garden Center, Inc.
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PO Box 559
Spirit Lake, IA 51360
712-336-2085
712-336-8118 fax
fergusons@mchsi.com
www.FergusonsGardenCenter.com

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

EDUCATION:

School	Name & Location	Years Completed	Degree Received
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High	_____	_____	_____
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College	_____	_____	_____
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Other	_____	_____	_____
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WORK EXPERIENCE

Employer

Name	_____	From	_____	To	_____
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Address	_____	Why left	_____
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Position	_____
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Name	_____	From	_____	To	_____
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Address	_____	Why left	_____
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Position	_____
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Name	_____	From	_____	To	_____
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Address	_____	Why left	_____
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Position	_____
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Are you presently employed? Yes ____ No ____ May we contact your present employer? Yes ____ No ____

Do you have a current driver's license? ____ Are you seeking full-time or part-time employment? ____

When are you available for work? ____ Are you available to work weekends? ____

Position desired ____ Do you have experience with cash registers? ____

List computer skills _____

List any special skills you possess that would be beneficial for this position _____

What is your experience with Plants and Gardening? _____

References – list 3 persons, not related to you, who have known you for at least one year)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date _____