

# Summit Sprouts Employment Application

We appreciate your interest in becoming part of our dedicated team. Our success is built on passionate individuals who value teamwork, growth, and plant care excellence. Please complete the application below so we can learn more about your qualifications and availability. We will review your application and contact you if we would like to proceed with the next steps.

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## Personal Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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## Employment Information

Position Applying For: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

Preferred Salary: \_\_\_\_\_

Are you willing to accept a lower salary if necessary?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

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## Availability

What is your preferred work schedule?  Full-time  Part-time

Are you available to work weekends?  Yes  No  Occasionally

What days are you available to work? (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Are you available to work overtime (regular hourly wage) if needed?  Yes  No

Under federal law, agricultural workers are generally exempt from overtime pay requirements, meaning they do not receive time and a half for hours worked beyond 40 in a week, as stipulated by the Fair Labor Standards Act (FLSA).

Are you available for early morning shifts starting at 6 AM for watering duties?  Yes  No

Are you available for late afternoon shifts if needed?  Yes  No

Are there any specific dates or times you are absolutely unavailable to work?  Yes  No

If so, please specify: \_\_\_\_\_

Are you available to work on or around major holidays such as Mother's Day or work special events or peak season hours?  Yes  No

\_\_\_\_\_

## Work Experience

Attach Resume for updated information if not already provided.

\_\_\_\_\_

The following questions help determine potential eligibility for the Work Opportunity Tax Credit (Form 8850).

Are you currently receiving or have you received any of the following benefits in the past year?

- Temporary Assistance for Needy Families (TANF)  Yes  No
- Supplemental Nutrition Assistance Program (SNAP)  Yes  No
- Supplemental Security Income (SSI)  Yes  No
- Long-term unemployment benefits (27 consecutive weeks or more)  Yes  No

Are you a U.S. military veteran who:

- Has been unemployed for at least 4 weeks in the past year?  Yes  No
- Has a service-connected disability?  Yes  No
- Has been unemployed for 6 months or more in the past year?  Yes  No

Have you been convicted of a felony and are currently participating in a state or local work-release program?  Yes  No

Are you currently living in a designated Empowerment Zone, Rural Renewal County, or a designated Target Group area?  Yes  No

\_\_\_\_\_

## Skills & Qualifications

Are you comfortable working in varying weather conditions, including high humidity, dust, heat, and cold?  Yes  No

Do you have any allergies to plants, pollen, or pesticides that may impact your ability to perform job duties?  Yes  No

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

Do you have experience working in a team-oriented or customer-facing role?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have experience working in a nursery, greenhouse, or similar environment?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you comfortable working in a fast-paced, physically demanding environment that includes lifting up to 50 lbs, prolonged standing, bending, and repetitive tasks up to 8 hours a day?  Yes  No

Do you have experience operating heavy machinery such as forklifts or tractors?  Yes  No

If yes, please specify: \_\_\_\_\_

Are you comfortable working in environments that require attention to plant health and care, including pest management and proper watering techniques?  Yes  No

Do you have experience with plant care, propagation, or greenhouse maintenance?  
 Yes  No

If yes, please describe: \_\_\_\_\_

Do you have reliable transportation to work?  Yes  No

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### References *(Please provide two professional references)*

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Signature & Certification** I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification or termination if hired.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_