



## EMPLOYMENT APPLICATION

**Bachman's is an Equal Opportunity Employer**

All qualified applicants will receive consideration without regard to race, color, creed, sex, marital or familial status, religion, age, national origin, ancestry, sexual orientation, gender identity or expression, disability, pregnancy, genetic information, membership or activity in a local human rights commission, status with regard to public assistance or any other protected class.

Submit to: [Jobs@bachmans.com](mailto:Jobs@bachmans.com)

### PERSONAL INFORMATION

Last Name	First	Middle	Date
Present Street Address			Phone Number (   )
City, State, Zip			Email Address
Position you are applying for:			

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

Have you ever been employed by Bachman's, Inc?    Yes    No If yes, when?

Are you at least 18 years of age?    Yes    No

### EMPLOYMENT DESIRED

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Retail – Lyndale      | <input type="checkbox"/> Retail – Eden Prairie | <input type="checkbox"/> Nursery Production |
| <input type="checkbox"/> Retail – Apple Valley | <input type="checkbox"/> Retail – Fridley      | <input type="checkbox"/> Maplewood          |
| <input type="checkbox"/> Retail – Plymouth     | <input type="checkbox"/> Retail – Galleria     | <input type="checkbox"/> Grocery            |
| <input type="checkbox"/> Corporate             | <input type="checkbox"/> Hardscapes            | <input type="checkbox"/> Greenhouse         |
| <input type="checkbox"/> Wholesale             | <input type="checkbox"/> Landscape             | <input type="checkbox"/> Planter Design     |

Salary/Hourly Wage Expected

Specify days and shifts available    Full-time    Part-time    Variable/Temporary

Sunday/Hrs	Monday/Hrs	Tuesday/Hrs	Wednesday/Hrs	Thursday/Hrs	Friday/Hrs	Saturday/Hrs
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Will you work overtime if asked?

Yes    No

Date available to start

Hours /week desired

How were you referred to Bachman's, Inc.?

- Walk-in    School/University    Job Fair    Bachman's Website    job board    Employee referral    Other (specify)

Are you acquainted with anyone who works for Bachman's, Inc.?

Yes    No   If yes, name(s):

Why do you want to work for Bachman's?

Please give an accurate, complete full-time and part-time employment record for past 10 years.

<b>PRESENT OR MOST RECENT EMPLOYER</b>	
Name of Employer	Telephone
Address	Dates Employed (state month and year) From _____ To _____
Name and Title of Supervisor	Reason for leaving/May we contact this employer?
Description of your duties and responsibilities	Name when employed, if different than present name

<b>SECOND MOST RECENT EMPLOYER</b>	
Name of Employer	Telephone
Address	Dates Employed (state month and year) From _____ To _____
Name and Title of Supervisor	Reason for leaving/May we contact this employer?
Description of your duties and responsibilities	Name when employed, if different than present name

<b>THIRD MOST RECENT EMPLOYER</b>	
Name of Employer	Telephone
Address	Dates Employed (state month and year) From _____ To _____
Name and Title of Supervisor	Reason for leaving/May we contact this employer?
Description of your duties and responsibilities	Name when employed, if different than present name

<b>REFERENCES</b>			
Please provide the names of three business references that are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.			
Name	Phone Number	Address	Years Known
1.			
2.			
3.			

## EDUCATION

	High School	Technical College	University	Graduate School
School Name and Location				
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

Additional job-related seminars, short courses, workshops, or other educational experiences?

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Please list any job-related clubs, professional societies, or other association to which you belong. You may omit those, which include your race, religious creed, color, national origin, ancestry, sex, age, or other characteristics protected by applicable law.

## SKILLS

For Sales Applicants: What types of merchandise have you sold?

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For Administrative Applicants: Keyboarding? PC Software:

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For Stock/Warehouse Applicants: What equipment have you used?

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For Driver Applicants: You must also complete a Bachman's Driver's Supplement Application. (Class of License)

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List any other special training or skills (e.g. computer, machine operation, floral design, landscape design, horticulture, foreign language fluency, etc.)

Relevant to the position for which you are applying.

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## APPLICANT AGREEMENT

I hereby certify that the information that I have provided in this employment application is true and correct to the best of my knowledge, and that I have not withheld information that would, if disclosed, affect this application unfavorably.

I understand that falsified or intentionally misleading information in any detail or significant omissions from this application may disqualify me from further consideration for employment or may result in my termination if discovered after my hire. I agree that Bachman's, Inc. shall not be liable for disqualifying or terminating me under such circumstances.

I authorize Bachman's, Inc. and its agents to investigate my personal, educational and employment history; agree to cooperate in such investigation; and authorize any former employer, school, person, firm, corporation, credit agency, government agency, or other entity to provide Bachman's, Inc. with any information it, he or she may have about me, to the full extent permitted by applicable law.

I understand that my employment is "at-will" and can be terminated by either the company, for any reason, with or without notice consistent with applicable state or federal law or me. This "employment at-will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief executive officer or his/her delegate in the Human Resources Department.

I have read the above Applicant Agreement, and understand and agree to its terms.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Equal Employment Opportunity Data Form

Bachman's is an Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive work force. Collection of the following information on gender, race/ethnicity, disability and veteran status is based on compliance with our Affirmative Action Plan, state and federal laws and executive orders.

The information that you submit will remain **confidential** and be used by Bachman's only for statistical and required reporting purposes. Completion of this form is **voluntary**. You do not need to complete this form. Please know that choosing not to complete this form will not adversely affect your application nor, should you be hired, your employment.

Position Applied for: \_\_\_\_\_

Gender: Male  Female

**ETHNICITY:** Are you of Hispanic or Latino Origin?  Yes  No

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

If no, please check one or more of the boxes below that apply:

American Indian or Alaskan  
Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Bangladesh, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Sri Lanka, Thailand, and Vietnam.

Black or African American (Not  
Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other  
Pacific Islander (Not Hispanic or  
Latino)

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White or Caucasian (Not Hispanic  
or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **Invitation to Voluntarily Self-Identify Veteran Status**

Bachman's is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. We ask that you please consider completing this Invitation to Voluntarily Self-Identify Veteran Status to help us fulfill our commitments to equal opportunity and affirmative action to employ protected veterans.

#### **Protected Veteran classifications are defined as follows:**

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense, (Period of War Dates: Korean Conflict June 27, 1950 – January 31, 1955; Vietnam Era February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War August 2, 1990 – current).
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

#### **Self-Identification:**

##### **Are you a protected veteran?**

I am a protected veteran       I am NOT a protected veteran       choose not to ID

**Reasonable Accommodation Notice:** If you are a disabled veteran and require a reasonable accommodation that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please contact Human Resources.

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please select one of the options below:**

Do you have a disability?

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.