

APPLICATION FOR EMPLOYMENT



B. Dinter Nursery
2205 Phipps Road
Duncan, BC V9L 6L2

www.dinternursery.ca
info@dinternursery.ca

Dinter Nursery is a family-owned and customer-focused business, serving Vancouver Island gardeners for over 50 years! We strive to offer outstanding products and services to help our gardeners grow.

Our customers are at the center of everything we do. All Dinter Nursery employees are expected to provide service excellence to all of our customers all of the time. Being a team player with a positive attitude and a willingness to learn is essential.

Dinter Nursery is a high-energy and fast-paced work environment. Weekend work may be required.

PLEASE COMPLETE ALL FIELDS:

PERSONAL INFORMATION	
NAME:	APPLICATION DATE:
ADDRESS:	
TELEPHONE:	EMAIL:
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE YOU ARE AVAILABLE TO START WORK:	
DO YOU HAVE A VALID BC DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO LIFT 25KG (55 lbs)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION COMPLETED: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> CERTIFICATE / DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> OTHER:	

EMPLOYMENT DETAILS	
PLEASE SELECT ANY AREAS OR POSITIONS YOU ARE INTERESTED IN:	
<input type="checkbox"/> CASHIER	<input type="checkbox"/> ORNAMENTAL TREES AND SHRUBS
<input type="checkbox"/> CUSTOMER SERVICE	<input type="checkbox"/> FRUIT TREES / SMALL FRUITS / VEGGIES
<input type="checkbox"/> WATER GARDENING / PONDS	<input type="checkbox"/> PERENNIALS / ANNUALS
<input type="checkbox"/> HOUSEPLANT CARE	<input type="checkbox"/> GROUNDS MAINTENANCE
<input type="checkbox"/> DELIVERY DRIVER	<input type="checkbox"/> ONLINE MARKETING / SOCIAL MEDIA SUPPORT
<input type="checkbox"/> INTEGRATED PEST MANAGEMENT	<input type="checkbox"/> OTHER (SPECIFY) _____
ARE YOU ABLE TO WORK WEEKENDS? <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> BOTH	
ARE YOU ABLE TO WORK EARLY MORNINGS (7 AM START)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ABLE TO WORK EVENINGS (UNTIL 6:30 PM)? <input type="checkbox"/> YES <input type="checkbox"/> NO	

WHAT TYPE OF EMPLOYMENT WOULD YOU PREFER?

- FULL TIME FULL TIME SEASONAL PART TIME PART TIME SEASONAL

PREFERRED NUMBER OF HOURS PER WEEK:

DAYS YOU ARE NOT AVAILABLE (SPECIFY):

PLEASE SPECIFY YOUR WAGE EXPECTATIONS:

YOUR EMPLOYMENT HISTORY

COMPANY	DATES FROM TO		POSITION	REASON FOR LEAVING
NAME: ADDRESS: SUPERVISOR NAME: TELEPHONE:				
NAME: ADDRESS: SUPERVISOR NAME: TELEPHONE:				
NAME: ADDRESS: SUPERVISOR NAME: TELEPHONE:				

SKILLS AND ABILITIES

Please outline any skills, attributes, interests and certifications that you believe are relevant to your application, and why: