



APPLICATION FOR EMPLOYMENT

Application must be completed in full to be considered for employment

NAME (Please Print): _____ SS#: _____

POSITION APPLIED FOR: _____ () Full-time () Part-time DATE: _____

HOW DID YOU LEARN ABOUT US? _____ REFERRED BY:

TELEPHONE: _____ CELL: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOW LONG HAVE YOU LIVED THERE? _____ E MAIL: _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO START WORK? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY WATERED GARDENS? () YES () NO

IF YES, NAME AND RELATIONSHIP:

HAVE YOU EVER USED ANOTHER NAME, NECESSARY TO ENABLE A BACKGROUND, WORK, AND EDUCATIONAL RECORD CHECK? () YES () NO IF YES, NAME USED: _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER PLEADED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A MISDEAMEANOR OR FELONY? () YES () NO IF YES, PLEASE GIVE DATE(S) AND

DETAILS: _____

NOTE: ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. THIS DOES NOT INCLUDE MINOR TRAFFIC INFRACTIONS, AND CONVICTIONS FOR WHICH THE RECORD HAS BEEN SEALED OR EXPUNGED, ANY CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED, REFERRALS TO AND PARTICIPATION IN ANY PRETRIAL OR POST TRIAL DIVERSION PROGRAMS, AND MISDEMEANOR MARIJUANA-RELATED OFFENSES THAT OCCURRED OVER TWO (2) YEARS AGO.

MAY WE CONTACT YOUR CURRENT EMPLOYER?: () YES () NO

IF NO, PLEASE EXPLAIN:

RECORD OF PREVIOUS EMPLOYMENT

PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. PLEASE COMPLETE IN FULL FOR MINIMUM PAST THREE EMPLOYERS.

PRESENT OR LAST EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

EMPLOYED:

FROM _____ MO/YR

TO _____ MO/YR

COMPENSATION:

Starting

\$ _____ PER _____

Ending

\$ _____ PER _____

PREVIOUS EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

EMPLOYED:

FROM _____ MO/YR

TO _____ MO/YR

COMPENSATION:

Starting

\$ _____ PER _____

Ending

\$ _____ PER _____

PREVIOUS EMPLOYER (NAME & ADDRESS)

NAME & TITLE OF SUPV:

PHONE: _____

YOUR TITLE OR POSITION:

REASON FOR LEAVING:

PLEASE EXPLAIN GAPS IN YOUR EMPLOYMENT HISTORY:

PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU MAY HAVE THAT YOU BELIEVE TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. AS A CONDITION OF EMPLOYMENT? () YES () NO

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE? () YES () NO

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? () YES () NO

ARE YOU BOUND BY PROVISIONS OF A NON-COMPETE, PROPRIETARY, OR CONFIDENTIALITY AGREEMENT? () YES () NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATIONS? () YES () NO

APPROXIMATELY HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST THREE YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?

YEAR/NUMBER OF DAYS YEAR/NUMBER OF DAYS YEAR/NUMBER OF DAYS

EDUCATION

EMPLOYED:

FROM _____ MO/YR
TO _____ MO/YR

COMPENSATION:

Starting
\$ _____ PER _____
Ending
\$ _____ PER _____

High School Diploma or GED? () YES () NO

College/University: _____

Years: _____ Degree: _____ Major: _____

Graduate or Professional: _____

Years: _____ Degree: _____ Major: _____

Trade or Correspondence: _____

Years: _____ Degree: _____ Major: _____

Other: _____

Years: _____ Degree: _____ Major: _____

PERSONAL REFERENCES Please list persons who know you well who are not previous employers or relatives.

Name	Address	Telephone #

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS FILLED OR FOR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

APPLICANT’S ACKNOWLEDGMENT AND AGREEMENT

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I certify that all the information I have provided on this application or any other documents completed in connection with my employment application, and in an interview, are true and accurate.

Signature of Applicant

Date