

APPLICATION FOR EMPLOYMENT

- Follow all instructions carefully.
- Complete this application in full. An attached resume is not a substitute for a completed application.
- Check for errors, signature & date before submitting.
- Any applicant who provides unrequested information will be automatically rejected.
- If accommodation or assistance is needed in completing this application, please notify Human Resources.

General Information

Name (last, first, middle)		Date	
Present Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Home Phone Number	Cell Phone Number		
Can you provide proof, if hired, that you are eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p>Have you ever been convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? You should answer "no record" with respect to any conviction for a marijuana offense if the conviction occurred more than two years prior to the date this application is completed. In addition, do not provide any information regarding a referral to and participation in any pre-trial diversion program.</p> <p>Yes <input type="checkbox"/> No Record <input type="checkbox"/></p> <p>If you answered "yes", please explain. (Note: A "yes" answer is not necessarily a bar to employment)</p>			
Position applying for:	Date you can start:	Salary desired:	Referred by:

Education and Training

Did you graduate from high school or receive a GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>				
SCHOOL NAME AND LOCATION (COLLEGE, BUSINESS, NURSING, VOCATIONAL, OR OTHER)	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	DIPLOMA OR DEGREE EARNED
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Computer skills, related volunteer experience and other education/training/skills:				

License or Certification

LICENSE/CERTIFICATION	STATE	PROFESSION	LICENSE/CERTIFICATION #	EXPIRATION DATE



Employment History

- List former employers below. Start with your current or most recent job – include armed forces service and self employment.
- Any change of job title under the same employer should be considered a separate position.

May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Currently Employed <input type="checkbox"/>				
1.	Employer	Address		Telephone Number
	Dates Employed (month & year) From: To:		Position	Salary
	Duties			Reason for Leaving
2.	Employer	Address		Telephone Number
	Dates Employed (month & year) From: To:		Position	Salary
	Duties			Reason for Leaving
3.	Employer	Address		Telephone Number
	Dates Employed (month & year) From: To:		Position	Salary
	Duties			Reason for Leaving

References

- Give the names of three persons not related to you whom you have had a working relationship with.

	NAME	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

Acknowledgement and Authorization

I certify that all the information contained in this application and any attachments is true and correct to the best of my knowledge. I understand that any misrepresentation, false statement, and/or omission discovered on this application or during an interview may disqualify me from an offer of employment, may result in a withdrawal of an employment offer or, if I am employed, my employment may be terminated. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I understand that this employment application and other employment related documents are not contracts of employment, and that any statements to the contrary are hereby expressly disavowed. I understand that this statement supersedes any prior oral or written understanding and bars any future oral or written understanding to the contrary. I authorize and consent to a pre-employment drug screening. I understand that if I am hired my employment will be "at-will", for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of either FoxFarm Soil & Fertilizer Company or myself. I understand that this application for employment will remain active for a period of 90 days, after which time I must submit a new application to be considered for employment.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

FOX FARM SOIL & FERTILIZER COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED CHARACTERISTIC.

