

Mettowee Mill Nursery

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer. This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

PERSONAL INFORMATION

Date:

Name: _____ **SOCIAL SECURITY NUMBER:** _____
last first middle

Present Address: _____
street city state zip

Permanent Address: _____
street city state zip

Phone No. _____ Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No If so, where? When?

Referred by _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of special study or research work _____

Special skills _____ Activities (civic, athletic, etc.) _____

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.)

U.S. military or naval service Yes No Rank Present membership in National Guard or Reserves Yes No

EMPLOYMENT HISTORY

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

The following statement applies in: Maryland & Massachusetts (fill in name of state):

It is unlawful in the state of _____ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of Applicant

IN CASE OF EMERGENCY, NOTIFY:

Name

Address

Phone No.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by:

Date:

Remarks:

Neatness

Ability

Hired: Yes No

Position

Dept.

Salary/Wage

Date reporting to work

Approved: 1. Employment Manager Yes No

2. Dept. Head Yes No

3. General Manager Yes No

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.