



## APPLICATION FOR EMPLOYMENT

Abe's Garden Community is an equal opportunity employer and does not discriminate on the basis of race, color, religion or creed, sex, gender, national origin, age, disability, veteran status, genetic information, or any other characteristic protected by law. Each applicant has the right to request any necessary assistance or accommodation to participate in the applicant or interview process.

### INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT QUESTIONS:

Type of worked desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

How were you referred to Abe's Garden Community? \_\_\_\_\_

Have you previously worked for Abe's Garden Community? **Yes** **No**

Do you have any friends or relatives currently working at Abe's Garden Community? **Yes** **No**

If yes, who? Please list all friends and/or relatives. \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.? **Yes** **No**

Are you 16 years of age or older? **Yes** **No**

Have you ever been convicted of any felony or misdemeanor offense, other than a minor traffic violation; or do you currently have any outstanding criminal charges pending against you in any state or place? **Yes** **No**

If yes, please explain in detail below and include the date, offense, and jurisdiction where the offense occurred. Please include any and all offenses. Please use a separate piece of paper if needed. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age at time of the offense, seriousness or nature of the violation, and rehabilitation will be taken into account.

### EDUCATION:

High School or last grade completed

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Professional Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**MILITARY EXPERIENCE:** **Yes** **No**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_



**RECORD OF EMPLOYMENT: (List positions starting with most recent)**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Abe's Garden Community (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company may require the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_