



THE POTTED PLANT

APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

DATE: ____/____/____

IDENTIFICATION			OFFICE USE ONLY		
NAME (FIRST, MIDDLE, LAST)			DATE AVAIL TO START: _____		
PRESENT ADDRESS - # STREET			POSITION: _____		
			RATE COVERED: _____		
CITY		STATE	ZIP CODE	DATE OF INTERVIEW: ____/____/____	
			BY: _____		
			SOCIAL SECURITY NUMBER		
HOME OR ALTERNATE TELEPHONE			TELEPHONE NUMBER - WHERE YOU CAN BE REACHED		
() () ()			() () ()		

ELIGIBILITY / EDUCATION	
ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL LOCATION - C/S/Z: _____	HIGHEST GRADE COMPLETED: _____ (EX: 8, 10, 12)
ARE YOU WILLING TO WORK EVENINGS AND WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU WILLING TO WORK OVERTIME WHEN NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY LIMITATIONS OR RESTRICTIONS THAT WOULD PREVENT YOU FROM DOING THE JOB WHICH YOU SEEK?	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - PLEASE LIST: _____	

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN IN FULL DETAILS, INCLUDING DATES, DETAILS OF OFFENSE / CHARGES, JURISDICTION AND DISPOSITION OF CASE:	

POST HIGH SCHOOL / COLLEGES ATTENDED / CERTIFICATES / LICENSES / DEGREES					
SCHOOL ATTENDED	# YEARS	YEAR GRADUATED	DEGREE	LICENSE OR	CERTIFICATE

PREVIOUS EMPLOYMENT / HISTORY (MOST RECENT LISTED FIRST)	
EMPLOYER: _____	POSITION HELD: _____
ADDRESS: _____	DATES: FROM: _____
CITY, STATE, ZIP: _____	TO: _____
DUTIES / RESPONSIBILITIES: _____	

REASON FOR LEAVING: _____	



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EMPLOYER: _____ POSITION HELD: _____
 ADDRESS: _____ DATES: FROM: _____
 CITY, STATE, ZIP: _____ TO: _____
 DUTIES / RESPONSIBILITIES: _____

 REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____
 ADDRESS: _____ DATES: FROM: _____
 CITY, STATE, ZIP: _____ TO: _____
 DUTIES / RESPONSIBILITIES: _____

 REASON FOR LEAVING: _____

REFERENCES: PLEASE INCLUDE AT LEAST THREE REFERENCES - BUSINESS OR PERSONAL REFERENCES / NON RELATIVES

NAME	TITLE	RELATIONSHIP	CONTACT #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS: PLEASE LIST ANY SPECIAL SKILLS, QUALIFICATIONS OR INFORMATION WHICH MAY SUPPORT THIS POSITION

CERTIFICATION / RELEASE / SIGNATURE

I CERTIFY that the information contained and provided in this application is accurate and true to the best of my knowledge. I authorize THE POTTED PLANT, to investigate and contact any previous employers, references, education and credit background to validate information. I authorize those persons designated as references or prior employers to fully and freely communicate information regarding my previous employment, facts or education and any information that validates and assist to determine my qualifications. I understand that this application is not and is not intended to be any type of contract or agreement. In the event of employment, I understand that any false or misleading information provided by me in my application, communication or correspondence or discussions may result in termination of employment. I further understand and agree to abide by all rules and policies of THE POTTED PLANT.

By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents, and employees from any liability for any damage whatsoever for providing such information.

I understand that a drug screening may be performed on all new employees or upon reasonable suspicion and that continued employment will be contingent upon proper results. Random drug testing may also be performed at the direction of THE POTTED PLANT management as deemed necessary.

I HAVE READ CAREFULLY ALL INFORMATION PROVIDED AND UNDERSTAND AND AGREE TO THE TERMS.

Printed Name: _____ Signature _____ Date: _____