

# Application for Employment



It is Green Leaf's policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, national origin, religion, age, sex, citizenship, veteran status or any other status protected by applicable law. In addition, Green Leaf, Inc. will not discriminate against a qualified individual with a disability who can perform the essential functions of the job with or without reasonable accommodation. Feel free to advise the Human Resources Manager if you believe you will need an accommodation in the application process.

## Personal Data

\_\_\_\_\_  
 Last Name First Middle

\_\_\_\_\_  
 Street Address City State Zip

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Work telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you at least 18 years of age, can you provide required documentation of your eligibility to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied for or been employed with Green Leaf, Inc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide date(s) \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you can begin employment \_\_\_\_\_

## Educational History

School Name	Location (city, state)	Major course or subject	No. of Yrs. Completed	Graduate		Degree
				Yes	No	
High school						
Technical/trade (after high school)						
College (list all attended)						
Graduate school						
Other education/training						

Academic honors \_\_\_\_\_

## Activities

Organizations, honors and other activities (you may exclude those indicating race, color, religion, sex, national origin, age, veteran status, disability or other protected classification) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Job-related Data

Where applicable, please indicate your skill, knowledge and experience levels.

Computer Software Applications You Can Use \_\_\_\_\_  
\_\_\_\_\_

Software Programming Experience \_\_\_\_\_

Typing \_\_\_\_\_ wpm

Identify any trade certification you have obtained \_\_\_\_\_

Identify number and title of patents you have taken out \_\_\_\_\_

Non-patented inventions \_\_\_\_\_

Please provide any additional occupational skills which will aid in evaluating your qualifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_

Answer each of the following questions if it relates to an essential function of the position sought:

Are you willing to travel, including overnight? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work overtime regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not willing to work any shift, what shift(s) are you available:

Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Are you willing to work weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work each scheduled day? Yes \_\_\_\_\_ No \_\_\_\_\_

# Employment History

Starting with your most recent position, list all positions including self-employment. Include any job related military service assignments. As appropriate, please list any other significant experience. If necessary, attach additional sheets including same information. All requested data **must** be provided even if a resume is attached.

May we contact your present employer now? Yes \_\_\_\_\_ No \_\_\_\_\_ (We reserve the right to do so after acceptance of employment, and we reserve the right to condition employment or continued employment on a satisfactory reference.)

Start with present or most recent position		Dates	
Company	Job title and duties	From – Month	Year
Address		To – Month	Year
		Base pay	
Phone	Full time?	\$	per
Reason for Leaving	Type of business	Other compensation	
		Department	
		Supervisor	
Company	Job title and duties	From – Month	Year
Address		To – Month	Year
		Base pay	
Phone	Full time?	\$	per
Reason for leaving	Type of business	Other compensation	
		Department	
		Supervisor	
Company	Job title and duties	From – Month	Year
Address		To – Month	Year
		Base pay	
Phone	Full time?	\$	per
Reason for leaving	Type of business	Other compensation	
		Department	
		Supervisor	
Company	Job title and duties	From – Month	Year
Address		To – Month	Year
		Base pay	
Phone	Full time?	\$	per
Reason for leaving	Type of business	Other compensation	
		Department	
		Supervisor	

Account here for any time in the last 10 years not covered by employment, education or military service. \_\_\_\_\_

## General Data

If you had a different name while obtaining any of the education, training or work experience listed above, please list any former name(s) and identify the education, training and/or work experience gained under that name \_\_\_\_\_

Are you currently on layoff status subject to recall by another employer? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you believe qualifies you for a position at Green Leaf, Inc.? \_\_\_\_\_

How did you learn about employment opportunities at Green Leaf?

Employee Referral \_\_\_\_\_; if so, employee's name: \_\_\_\_\_

Green Leaf website: \_\_\_\_\_ Radio: \_\_\_\_\_ Indeed: \_\_\_\_\_ Other: \_\_\_\_\_

**References** (List the names of three people we may contact who know your professional qualifications, other than former supervisors listed on the previous page.)

Name	Address	Telephone No.	How do you know this person? How long?
1.			
2.			
3.			

## Applicant's Certification

I hereby certify that the above information is true and complete and agree that any false information or omitted information, may be grounds for immediate discharge if employed. I authorize all companies, schools and persons with which I have been associated to provide information about me, including a full and frank discussion of my performance, and I hereby release them from all liability for doing so.

If I am employed, I understand that my employment will be at will, which means that either the employer or I may terminate my employment at any time, with or without notice, for any reason. There have been no contrary representations, oral or written, made to me by anyone. I also understand and agree that my employment is conditioned upon successful completion of verification of eligibility for employment.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_