



## APPLICATION FOR EMPLOYMENT

- Complete this application in full. An attached resume is not a substitute for a completed application.
- Check for errors, signature, and date before submitting.
- 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"/>		Position Applying For:	

### Employment History

If you need additional space please continue on a separate sheet of paper.  
 Any change of job title under the same employer should be considered a separate position.

May we contact your former employers? Yes <input type="checkbox"/> No <input type="checkbox"/>			
1.	Employer	Address	Telephone Number
Dates Employed (month & year) From:                      To:		Position	Supervisor
Duties		Reason for Leaving	
2.	Employer	Address	Telephone Number
Dates Employed (month & year) From:                      To:		Position	Supervisor
Duties		Reason for Leaving	
3.	Employer	Address	Telephone Number
Dates Employed (month & year) From:                      To:		Position	Supervisor
Duties		Reason for Leaving	

### References

Give the names of three people who have knowledge of your work performance within the last three years.

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



**Education and Training**

SCHOOL NAME & 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"/>		

List any special skills and/or experience which further qualifies you for the position you are seeking:

**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 and background check. 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**

FoxFarm Soil & Fertilizer Company provides equal opportunity employment to all qualified persons without discrimination on any basis protected by state, federal or local law.