

# ORGANIC REMEDIES

Employment Application



APPLICANT INFORMATION																	
Last Name			First			M.I.		Date									
Street Address			Apartment/Unit #														
City				State		ZIP											
Phone				E-mail Address													
Date Available			Social Security No.				Desired Salary										
Hours Able To Work																	
Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
From		To	From		To	From		To	From		To	From		To	From		To
Position Applied for																	
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>					
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?										
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain										
EDUCATION																	
High School			Address														
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
College			Address														
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
Other			Address														
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree								
REFERENCES																	
<i>Please list three professional references.</i>																	
Full Name				Relationship													
Company				Phone													
Address																	
Full Name				Relationship													
Company				Phone													
Address																	
Full Name				Relationship													
Company				Phone													
Address																	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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