



# Employment Application

An Equal Opportunity Employer

Please Print

Date	Last Name	First Name	Middle
Present Address			
No. & Street	City		State Zip
Permanent Address (if different from present address)			
No. & Street	City		State Zip
Business Phone	Home Phone		

## Employment Desired

Position applying for: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for Mendocino Coast Botanical Gardens before? Yes No  
 If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Mendocino Coast Botanical Gardens? Yes No  
 If yes, state name(s) and relationship: \_\_\_\_\_

Name	Relationship
Name	Relationship

Why are you applying for work at Mendocino Coast Botanical Gardens?  
 \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes    No  
If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes    No  
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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High School	Name _____	_____	Yes or No _____	_____
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College/ University	Name _____	_____	Yes or No _____	_____
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vocational/ Business	Name _____	_____	Yes or No _____	_____
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Care Training	Name _____	_____	Yes or No _____	_____
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer		Telephone No.	
Type of Business		Your Supervisor's Name	
Address & Street		City	State Zip
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?      Yes      No

Name of Employer		Telephone No.	
Type of Business		Your Supervisor's Name	
Address & Street		City	State Zip
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?      Yes      No

Note: Attach additional page(s) if necessary.

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Telephone No.
Address & Street		City State Zip
Occupation	No. of Years Acquainted	