



MENDOCINO COAST BOTANICAL GARDENS
EMPLOYMENT APPLICATION
An equal opportunity employer

Position applying for: _____ Date _____

First Name _____ Middle Name _____ Last Name _____

Present Address — No. & Street _____ City _____ State _____ Zip Code _____

Permanent Address (if different from present) — No. & Street _____ City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____ Cell Phone _____ Email _____

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:

#1 First and Last Name _____ Relationship _____ #2 First and Last 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? **Yes No** *If under 18, hire is subject to verification that you are of minimum legal age.*

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:

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 or skill/agility tests.

EDUCATION AND TRAINING

High School Name _____ No. Years Completed _____ **Yes or No** Did you Graduate? _____ Degree or Diploma _____
City _____ State _____

College, Vocational, or Other School Name _____ No. Years Completed _____ **Yes or No** Did you Graduate? _____ Degree or Diploma _____
City _____ State _____

EMPLOYMENT HISTORY

List below (or attach your resume) all present and past employment starting with your most recent employer, the last five years is sufficient.

#1 Name of Employer _____ Dates of Employment: _____ From _____ To _____
City _____ State _____ Phone Number _____ Your Supervisor's Name _____
Type of Business _____ Your Position/Duties _____

#2 Name of Employer _____ Dates of Employment: _____ From _____ To _____
City _____ State _____ Phone Number _____ Your Supervisor's Name _____
Type of Business _____ Your Position/Duties _____

#3 Name of Employer _____ Dates of Employment: _____ From _____ To _____
City _____ State _____ Phone Number _____ Your Supervisor's Name _____
Type of Business _____ Your Position/Duties _____

REFERENCES

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

#1 First and Last Name	City	State
Email	Phone Number	Relationship

#2 First and Last Name	City	State
Email	Phone Number	Relationship

#3 First and Last Name	City	State
Email	Phone Number	Relationship