

MENDOCINO COAST BOTANICAL GARDENS
EMPLOYMENT APPLICATION — PAGE 2

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, Training, and Experience

High School Name	No. Years Completed	Yes or No Did you Graduate?	Degree or Diploma
High School Address	City	State	Zip Code

College/University Name	No. Years Completed	Yes or No Did you Graduate?	Degree or Diploma
College/University Address	City	State	Zip Code

Vocational/Business	No. Years Completed	Yes or No Did you Graduate?	Degree or Diploma
Vocational/Business Address	City	State	Zip Code

Health Care	No. Years Completed	Yes or No Did you Graduate?	Degree or Diploma
Health Care Address	City	State	Zip Code

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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 Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Please attach additional page(s) if necessary.

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References

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

First and Last Name	Phone Number
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Address	City	State	Zip Code
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Occupation	Number of Years Acquainted
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First and Last Name	Phone Number
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Address	City	State	Zip Code
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Occupation	Number of Years Acquainted
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First and Last Name	Phone Number
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Address	City	State	Zip Code
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Occupation	Number of Years Acquainted
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