

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

PLANT PEOPLE, LLC EMPLOYMENT APPLICATION FORM

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE: ____ / ____ / ____

NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____
NUMBER STREET CITY STATE ZIP

D.O.B. _____ SOCIAL SECURITY NO. _____ - -

HOME PHONE _____ CELL # _____

EMAIL _____

IF UNDER 18, PLEASE LIST AGE _____ DATE YOU CAN START WORK _____

EMPLOYMENT DESIRED:

PLEASE LIST HOURS/DAY AVAILABLE FOR
WORK. USE + TO INDICATE ABILITY TO
WORK LATE. (EXAMPLE 7-4+)

FULL-TIME _____

PART-TIME _____ MON _____ FRI _____

TEMPORARY _____ (LESS THAN A YEAR) TUE _____ SAT _____

POSITION _____ WED _____ SUN _____

DESIRED PAY _____ THU _____

DRIVING EXPERIENCE

DO YOU HAVE A DRIVER'S LICENSE YES NO DL #: _____ STATE _____

EXPIRATION DATE _____ OPERATOR CLASS (C) (M) OR COMERCIAL (A) (B)

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK YES NO

HAVE YOU HAD ANY ACCIDENTS IN THE PAST THREE (3) YEARS? _____ HOW MANY? _____

ANY MOVING VIOLATIONS IN THE PAST THREE (3) YEARS? _____ HOW MANY? _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ SPECIALTY _____

DATE ENTERED _____ DISCHARGE DATE _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____

SCHOOL	NAME OF SCHOOL	LOCATION	YEAR COMPLETED	DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

WORK EXPERIENCE – please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give the firm name. **Attach additional sheets if necessary.**

May we Contact your present Employer? _____

Did you complete this application yourself? _____ If not who did? _____

Company		Phone Number	
Location		Supervisor	
Employed	Job Title	Pay	
From:		Start:	
To:		Final:	
Reason for Leaving:			
List the jobs held, duties performed, skills, advancements, achievements or promotions received at this company.			

Company		Phone Number	
Location		Supervisor	
Employed	Job Title	Pay	
From:		Start:	
To:		Final:	
Reason for Leaving:			
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From:		Start:	
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Reason for Leaving:			
List the jobs held, duties performed, skills, advancements, achievements or promotions received at this company.			

Please Read Carefully
Applicant Verification and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge and understand that the falsification of this information is grounds for refusal to hire or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, in consideration for my being considered for employment by your company. I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without any prior notice, at any time, at the option of the company or me.

Applicant's Signature _____ Date _____