## Little Green Fingers

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name			Date of application					
	LAST	FIRST	MIDDLE					
Address		City		State	_Zip			
Telephone								

## **1. GENERAL INFORMATION:**

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)  $\Box$  No  $\Box$  Yes If yes, explain:

## 2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 Colle	ege 1 2 3 4 Mast	ersDoctora	ite
Name & Address of School	Major Course studied	Graduated or degree (Yor N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational,			

College	or	University/Address	Other	School	(Technica
Graduate	e, et	c.) /Address			

List any scholarships, academic honors, awards or special achievements:

3. SKILLS Please list any skills you have that are appropriate for the position you are applying for:\_

If required, will you work?			
	Rotating shifts 🔄 YES 🗌 NO	Saturdays 🗌 YES 🗌	NO
	Overtime YES NO	Sundays YES	NO
Position applying for, be spe	ecific:	Salary Requirements \$	☐ per hour ☐ per month
State fully why you believe y	you are qualified for this position		
			Date you can start
NTERESTS / ACCOMPLIS	HMENTS: You may wish to list significa	nt experience, interests &	

## **EMPLOYMENT HISTORY**

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR

employers. If currently employed, may we contact your employer? 🗌 Yes 📄 No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR	ISOR TITLE OF YOUR POSITION			REASON FOR	LEAVING:
LIST JOBS HELD, DUTIES PERFORMED, SK	ILLS USED, & PROMOTIONS WH	ILE EMPLOYED AT THIS COMPANY:		-	
FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	- SALARY BEGIN	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP	END	
NAME & TITLE OF SUPERVISOR TITLE OF YOUR POSITION			REASON FOR LEAVING:		
LIST JOBS HELD, DUTIES PERFORMED, SK	ILLS USED, & PROMOTIONS WH	ILE EMPLOYED AT THIS COMPANY:		-	
				-	
FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS	CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR			OSITION	REASON FOR	LEAVING:
LIST JOBS HELD, DUTIES PERFORMED, SK	ILLS USED, & PROMOTIONS WH	ILE EMPLOYED AT THIS COMPANY:		-	
				-	
FULL NAME OF COMPANY		(AREA CODE)	TELEPHONE	SALARY BEGIN	EMPLOYED FROM TO
STREET ADDRESS	CITY	STATE	ZIP	END	MO/YR MO/YR
NAME & TITLE OF SUPERVISOR TITLE OF YOUR POSITION			REASON FOR	LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SH	(ILLS USED, & PROMOTIONS WH	HILE EMPLOYED AT THIS COMPANY:	:	_	
				_	

**READ CAREFULLY**: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.