

WHOLE PLANTS HEALTH

APPLICATION FOR EMPLOYMENT

All Candidates must be 18 years or older and have a clean criminal background to apply for a position at Whole Plants Health.

PERSONAL INFORMATION

Legal Name: _____ Male Female
Maiden/Other Name: _____
Present Address: _____ Years There: _____

Previous Address: _____ Years There: _____

Telephone: (____) _____ Home Mobile Other
Position Desired: _____ Full Time Part Time Seasonal/Temp
Salary Desired: _____ Week Month Year

This company is open seven (7) days a week and some holidays. Please indicate the days on which You Are available to work: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Are You willing to work holidays? Yes No.

Do You have a valid Driver's License: Yes, State: _____, Number: _____ No License. Has your driver's license ever been suspended or revoked? Yes No. If You do not have a valid Driver's License, will You have other reliable transportation to and from work? Yes No.

Are You a citizen of the United States? Yes No. If No, are You authorized to work in the United States: Yes No. **NOTE:** Federal law requires Whole Plants to verify your eligibility to work in the U.S.

Do You have a disability which might limit your ability to perform the job(s) which You have identified above without accommodation? No Yes. If Yes, please describe your disability: _____

NOTE: Whole Plants may request verification of any disability identified herein or reported during employment from medical and/or other professionals. In addition, Whole Plants may disclose any identified disability to certain professionals for the limited purpose of investigating a reasonable accommodation of any verified disability. Consistent with the American with Disabilities Act.

OPTIONAL SELF-IDENTIFICATION STATISTICAL INFORMATION

Please select one (1) box below.

I prefer not to answer any questions concerning my race, ethnicity, and/or national origin.

Do You consider yourself: **Hispanic or Latino**, **White** (Not Hispanic or Latino), **Black or African American** (Not Hispanic or Latino), **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino), **Asian** (Not Hispanic or Latino), **American Indian or Alaska Native** (Not Hispanic or Latino); or **Two or More Races** (Not Hispanic or Latino). **NOTE:** The above categories were established by the U.S. Equal Employment Opportunity Commission and not by Whole Plants.

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	SCHOOL NAME	LOCATION	GRADUATE?	AREA OF STUDY
HIGH SCHOOL			<input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No. <input type="checkbox"/> GED, Year: _____	<input type="checkbox"/> College Prep <input type="checkbox"/> Vocational/Tech.
COLLEGE/ UNIVERSITY			<input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No.	
TRADE SCHOOL			<input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No.	
PROFESSIONAL SCHOOL			<input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No.	
OTHER EDUCATION				

MILITARY SERVICE

Have You ever served in the United States Armed Forces? Yes No Branch: _____

Are You presently serving in National Guard/Reserve? Yes No Branch: _____

If You answered "Yes" to either of the foregoing, please provide the following additional information:

Date Entered: _____ Date Discharged: _____

Highest Rank Obtained: _____ Honorable Discharge: Yes No

Have You ever served in the Armed Forces of any other Country? Yes No. Country: _____

PREVIOUS EMPLOYMENT

Please provide information concerning your previous employment other than military service, if any, beginning with your most recent or current employer and proceeding backwards in time for a period of at least five (5) years. If the space provided is insufficient, please use the back of the page to provide us with additional information.

PREVIOUS EMPLOYER #1	Name of Supervisor(s)	Dates	Pay
Employer Name: _____ Employer Address: _____ _____ Employer Phone: _____		Start Date: End Date:	Start Rate: Final Rate:
Last Job Title: _____		May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties/Skills Utilized: _____ _____ _____ _____			
Reason(s) for Leaving (Be Specific): _____ _____			

PREVIOUS EMPLOYER #2	Name of Supervisor(s)	Dates	Pay
Employer Name: _____ Employer Address: _____ _____ Employer Phone: _____		Start Date: End Date:	Start Rate: Final Rate:
Last Job Title: _____		May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties/Skills Utilized: _____ _____ _____ _____			
Reason(s) for Leaving (Be Specific): _____ _____			

PREVIOUS EMPLOYER #3	Name of Supervisor(s)	Dates	Pay
Employer Name: _____ Employer Address: _____ _____ Employer Phone: _____		Start Date: _____ End Date: _____	Start Rate: _____ Final Rate: _____
Last Job Title: _____		May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties/Skills Utilized: _____ _____ _____ _____			
Reason(s) for Leaving (Be Specific): _____ _____			

PREVIOUS EMPLOYER #4	Name of Supervisor(s)	Dates	Pay
Employer Name: _____ Employer Address: _____ _____ Employer Phone: _____		Start Date: _____ End Date: _____	Start Rate: _____ Final Rate: _____
Last Job Title: _____		May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties/Skills Utilized: _____ _____ _____ _____			
Reason(s) for Leaving (Be Specific): _____ _____			

If there were any gaps of greater than ninety (90) days between any of the periods of employment listed above, please state the reason for the gaps. _____

MISCELLANEOUS ADDITIONAL INFORMATION:

Do you hold any professional licenses? Yes No. If "Yes", please identify your professional license(s), the state and/or body issuing such license, and the date issued: _____

Have you ever signed a non-compete agreement with any previous employer that might restrict your ability to work at Whole Plants? Yes, No. If "Yes", with which previous employer: _____

If Whole Plants would require an employee to operate motor vehicle(s) from time to time. Do You authorize Whole Plants to investigate and check your driving record? Yes No

Have you ever been convicted or pleaded no contest (nolo contendere) to a misdemeanor or felony? Yes No If "Yes" please identify the crime(s), year(s), and jurisdiction(s) where you were either convicted or pleaded no contest: _____

I understand that Whole Plants will investigate and verify the information which I have provided above. Supplying inaccurate or incomplete information on this application may result in discipline by the Company up to and including termination. By signing below, I swear or affirm that the information provided above is true to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____