Mettowee Mill Nursery APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer. This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Name				PERSONAL INFORMAT	ION		Date:		
Permanent Address:	Name:			SOCIAL SECURITY NUMBER:					
Street street city state zip Permanent Address: street street city state zip Phone No. Are you It Is years or older? Yes No Rey ou prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No EMPLOYMENT DESIRED POSITION DATE YOU CAN START SALARY DESIRED POSITION Are you employed now? Yes No If so, may we inquire of your present employer? Yes No EDUCATION NAME AND LOCATION OF SCHOOL NO. OF YEARS DID YOU GRADUATE? SUBJECTS STUDIED High School College Tradic Business or Correspondence School GENERAL Subjects of special study or research work Special skills Activities (dvic, athletic, etc.) (Exclude organizations, the name of which indicates the race, creed, sex, age, mainted status, color or nation of origin of its members) LS. millitary or naval service Yes No Rank Present membership in National Guard or Reserves Yes No EMPLOYMENT HISTORY MONTH & YEAR NAME & ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING From NAME & ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING From In College Salary Position Salary Position Reason For Leaving From In College Salary Position Salary Positi		t	first	middle					
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Which of these jobs did you like best?	То								
	Which of these jobs did vo	ou like best?							

What did you like most about this job?

REFERENCES

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED					
2								
3								
The following statement applies in: Maryland & Massachusetts (fill in name of state): is unlawful in the state of to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this aw shall be subject to criminal penalties and civil liability.								
Signature of Applicant								
N CASE OF EMERGENCY, NOTIFY:	Name Addr		Phone No.					
certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresenta- ions are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, for to make any agreement contrary to the foregoing. Applicant's Signature								
DO NOT WRITE BELOW THIS LINE								
		- LINE						
nterviewed by:	С	Pate:						
Remarks:								
Neatness	Ability	н	ired: 🗆 Yes 🗀 No					
Position	Dept.							
Salary/Wage	Date reporting to work							
Approved: 1. Employment Manager 🖵 Yes 🖵 I	No 2. Dept. Head ☐ Yes ☐ No	3. General Manager ☐ Yes	□ No					

 $This form \ has been \ designed \ to \ strictly \ comply \ with \ State \ and \ Federal \ fair \ employment \ practice \ laws \ prohibiting \ employment \ discrimination.$