LOCKWOOD'S GREENHOUSES & FARM

Employment Application

Date of Applic	ation:
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Applicant Information					
Last Name	First	M.I.			
Street Address Apartment/Unit #					
City	State	ZIP			
Phone	E-mail Address				
Date Available Type of employment desired: Full-time Part-time Seasonal (FT/PT)					
Are you authorized to work in the U.S.? YES \(\square\) NO \(\square\)					
Have you ever worked for this company? YES \(\square\) NO \(\square\) If so, when?					
If you are under 18 years of age, can you provide a work permit? YES \square NO \square If no, explain					
F					
EDUCATION					
High School	Address				
Did you graduate? YES □ NO □ □	Degree				
College A	Address				
Did you graduate? YES □ NO □	Degree				
Other schooling					
Degree/Certificate					
References					
PLEASE LIST THREE PROFESSIONAL REFERENCES.					
Full Name					
Company	Relationship	Relationship			
Address	Phone ()				
Full Name					
Company	Relationship	Relationship			
Address	Phone ()				
Full Name					
Company	Relationship	Relationship			
Address	Phone ()				

Previous Employment			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
Reason for Leaving			
May we contact your previous supervisor for a reference? YES \square NO \square			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
	Reason for Leaving		
May we contact your previous supervisor for a reference? YES \square NO \square			
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
	Reason for Leaving		
May we contact your previous supervisor for a reference?			
MILITARY SERVICE			
Branch			
Rank at Discharge			
Responsibilities			
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DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview			
may result in my release.			
Signature	Signature Date		