## **Sweet Water Garden**

## EMPLOYMENT APPLICATION

| JOB ORDER NUMBER:   |                             |                   |                    | (EMPLOYER NAME)     |                            |         |         |     |  |  |
|---|-----------------------------|-------------------|--------------------|---------------------|----------------------------|---------|---------|-----|--|--|
| Position applied for: 1.  |                             | 2                 | 2                  |                     |                            |         |         |     |  |  |
| Your application is a perma   | nent part of your           | record.           |                    |                     |                            |         |         |     |  |  |
| Last Name   | First Name                  |                   |                    | M                   | .I.                        |         |         |     |  |  |
|   |                             |                   | (                  | )                   | -                          | ( )     | -       | -   |  |  |
| Street Address/P.O. Box.  | City State                  | Zip               | Ma                 | in Phone            |                            | Message | e phone |     |  |  |
| Are you a U.S. citizen? Yes<br>Number:<br>U.S. Military Service:                          | s No If no, U               | S. alien regis    | stration           |                     |                            | -       |         |     |  |  |
|   | Branch                      |                   |                    | То                  | Dutie                      |         |         |     |  |  |
| What type of position are you What shift will you work? If necessary for the job, are you | Days Evening                |                   | Part-<br>hts<br>18 | time<br>Weeke<br>21 | Permanent<br>ends An<br>25 |         | porary  | Any |  |  |
| EMPLOYMENT HISTORY  | List your most rece         | ent position firs |                    |                     | "REFER T                   | O RESU  | ME"     |     |  |  |
| EMPLOYER  |                             |                   | WORK PE            | RFORMED             |                            |         |         |     |  |  |
| ADDRESS   |                             |                   |                    |                     |                            |         |         |     |  |  |
| JOB TITLE   | DATES<br>ROM: TO            | ):                |                    |                     |                            |         |         |     |  |  |
| SUPERVISOR,   | MAY WE CONTACT TO<br>Yes No |                   |                    |                     |                            |         |         |     |  |  |
| REASON FOR LEAVING  |                             |                   |                    |                     |                            |         |         |     |  |  |
| EMPLOYER  |                             |                   | WORK PE            | RFORMED             |                            |         |         |     |  |  |
| ADDRESS   |                             |                   |                    |                     |                            |         |         |     |  |  |
|   | DATEC                       |                   |                    |                     |                            |         |         |     |  |  |
|   | DATES ROM: TO               |                   |                    |                     |                            |         |         |     |  |  |
| SUPERVISOR,   | MAY WE CONTACT TI<br>Yes No | HIS EMPLOYER?     |                    |                     |                            |         |         |     |  |  |
| REASON FOR LEAVING  |                             |                   |                    |                     |                            |         |         |     |  |  |
| EMPLOYER  |                             |                   | WORK PE            | RFORMED             |                            |         |         |     |  |  |
|   |                             |                   | World 1            |                     |                            |         |         |     |  |  |
| ADDRESS   |                             |                   |                    |                     |                            |         |         |     |  |  |
| JOB TITLE   | DATES<br>ROM: TO            | <b>)</b> :        |                    |                     |                            |         |         |     |  |  |
| SUPERVISOR,   | MAY WE CONTACT TO<br>Yes No |                   |                    |                     |                            |         |         |     |  |  |
| REASON FOR LEAVING  |                             |                   |                    |                     |                            |         |         |     |  |  |

| SKILLS<br>Summarize special   | skills, qualifications   | , and equipment u                      | ised.  |   |  |
|---|--|--|--|---|--|
|   |  |  |  |   |  |
|   |  |  |  |   |  |
| Γransportation to   | the job site? YES  | State                                  | Туре   |   |  |
|   | nighest year compl<br>and/or training that   |  | 12 GED 13 14 15 16 1 ent to the job?   | 7 18 19 20  |  |
|   | ROFESSIONAL For erences from other the   |  |  |   |  |
| NAME  |  |  |  |   |  |
| ADDRESS   |  |  |  |   |  |
| PHONE NUMBER  |  |  |  |   |  |
| OCCUPATION  |  |  |  |   |  |
| YEARS ACQUAINTED  |  |  |  |   |  |
| - Additional Commen   | ns you reer would as   | sist us in evaluati                    | ng your qualifications.  |   |  |
| Are you willing to  | relocate? YES NO   |  |  |   |  |
| APPLICANT ST  | TATEMENT   |  |  |   |  |
| statements contain<br>event of employment<br>in discharge.<br>If necessary for ex | ned in the application in the application in the ment, I understand to the mployment in a sp | on for employment that false or misles | ent as may be necessary<br>eading information give<br>you may be required to b | ny knowledge. I authorize<br>y in arriving at an employ<br>en in my application or in<br>have a physical examinate<br>est agreement and abide | yment decision. In the<br>nterviews may result<br>ion, drug screen, to |
| Signature of app  | licant:  |  |  | Date:   |  |
| Employer section  | n:   |  |  |   |  |
|   |  |  |  |   |  |
|   |  |  |  |   |  |
|   |  |  |  |   |  |