



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please print in ink or type this application. This application is a part of the screening process.

To be considered for employment please:

1. Fill out the application and answer every question **completely**. Do not use "Refer to Resume" in any section.
2. Sign and date the application.
3. Mail or bring your completed application to Pacifica Garden, 14643 Watergap Road, Williams, OR 97544
4. Unsigned, incomplete or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.

Pacifica Garden is an Equal Opportunity Employer, and makes reasonable accommodations for qualified individuals with disabilities, unless it would be an undue hardship. If you believe you need a reasonable accommodation in order to participate in the application or interview process, please notify the owner of the requested accommodation.

Last Name	First Name	Middle Name	Home Phone	Cell Phone
Address	City	State	Zip	Message Phone
Position Applied For:		Email Address:		
Are you legally authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which type of work are you looking for? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer		
How did you hear about this opening?		Have you worked with youth programs, or in agriculture before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years?		
When can you start?				

EMPLOYMENT HISTORY

NOTE: Please make sure all required experience is documented below. Begin with your most recent job and **list all periods of employment for at least the last 7 years, or as specified in the job posting**. Include volunteer experience. If there are any periods of unemployment longer than three months, please explain them. **NOTE:** Attach additional sheets if necessary. This section must be completed entirely. Do not substitute a resume or refer to a resume for any details.

Name of Current or Last Employer	Address		Phone
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/>	Dates of Employment:	From:	To:
Reason for Leaving:	Name/Title of Supervisor:		May we call this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Job Title and Job Duties:			

EMPLOYMENT HISTORY (continued)

Name of Current or Last Employer		Address		Phone
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Dates of Employment:	From:	To:
Volunteer <input type="checkbox"/>				
Reason for Leaving:		Name/Title of Supervisor:		May we call this employer?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Job Title and Job Duties:				

Name of Current or Last Employer		Address		Phone
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Dates of Employment:	From:	To:
Volunteer <input type="checkbox"/>				
Reason for Leaving:		Name/Title of Supervisor:		May we call this employer?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Job Title and Job Duties:				

Name of Current or Last Employer		Address		Phone
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Dates of Employment:	From:	To:
Volunteer <input type="checkbox"/>				
Reason for Leaving:		Name/Title of Supervisor:		May we call this employer?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Job Title and Job Duties:				

Account for any periods of unemployment longer than three (3) months:

EDUCATION

List high schools, colleges and vocational schools attended

Name & location of School	Major/Field of Study	No. of Years Completed	Degree / Certificate

ADDITIONAL INFORMATION

Professional Licenses, Certifications, Memberships and Affiliations:	
Special Skills Not Listed Elsewhere:	
All offers of employment will be conditioned on a satisfactory criminal background and reference check and verification of all information provided	
Please provide any additional information or training you feel would help us in the selection process:	

PROFESSIONAL REFERENCES *Attach additional sheets if necessary.*

Name	Relationship	Occupation	Phone #	# Years Known

In consideration of my being evaluated and considered for employment, I hereby authorize Pacifica Garden to verify the information provided on this application. I affirm that to the best of my knowledge, the information given on this application and in interviews is true and correct. I realize that any misrepresentation or omission of required facts is cause for rejection of my application(s) or if hired, possible termination of my employment at Pacifica Garden.

I understand that an offer of employment may be conditional pending the results of an employment, reference and criminal background check, and may further be conditioned on a post-offer credit check, medical examination and/or drug screen as required by policy, contract or by law. I consent to these examinations/screens. I understand that confirmed positive drug test results, refusal to submit to such drug screen, falsification of test results, or alteration of test forms will result in the disqualification of my application or termination of employment. I also understand that an offer of employment may be revoked if the post-offer medical exam shows that I am unable to perform the essential functions of the job with reasonable accommodation, if necessary, and without direct threat to others or myself.

I understand that nothing contained in this employment application or any other Pacifica Garden document creates a contract between Pacifica Garden and me for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding on Pacifica Garden. If an employment relationship is established, I understand that employment at Pacifica Garden is at-will, and that I may resign, or my employment and compensation can be terminated with or without cause, and with or without advanced notice, at any time, by either myself or Pacifica Garden.

I authorize all previous employers, supervisors and references, including all persons with and for whom I have worked, to give Pacifica Garden representatives any and all information regarding me and my previous employment. I release Pacifica Garden from liabilities for and damages that may result from furnishing this information to Pacifica Garden. If employed, I release Pacifica Garden from any liabilities for future references it may provide regarding my work at Pacifica Garden. If I have any questions regarding any sections or statements on this application I will ask them before signing it.

Signature:

Today's Date: