

FOR OFFICIAL USE ONLY:

Beginning Wage: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Position \_\_\_\_\_



Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

PLEASE PRINT PLAINLY

To Applicant:

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

\*Civil Rights Act of 1964 prohibits discrimination in the employment practice because of race, color, religion, sex or national origin. PL90-202 prohibits discrimination because of age.

If the city or state in which you are applying for a position prohibits the request of any information on this form, the item(s) may be omitted.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Intl

Present address \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. Street City St. Zip

How long have you lived at above address? \_\_\_\_\_ Are you a citizen of the U.S.A? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City St. Zip

\*Date of Birth \_\_\_\_\_ \*Sex M \_\_\_\_\_ F \_\_\_\_\_ Height \_\_\_\_\_ ft \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs

Marital Status: Single [ ] Married [ ] Do you have an unexpired Tennessee Driver's License? \_\_\_\_\_

Number of dependents including yourself \_\_\_\_\_ Number of children \_\_\_\_\_ Their ages \_\_\_\_\_

Does your spouse work? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you have any physical defects? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Have you had a major illness in the past 5 years? \_\_\_\_\_ If yes, describe \_\_\_\_\_

**Important (this section must be filled in). This job requires strenuous physical labor. If you have ever had back or neck problems or injuries, DO NOT TAKE THIS JOB!**

Have you ever had back or neck problems or injuries? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Have you ever had a workers compensation claim? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Position applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per week

Were you previously employed by Botanico? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

Have you been convicted of a crime in the past ten years? \_\_\_ If yes, describe \_\_\_\_\_

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

Person to be notified in case of accident or emergency? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

List any experiences, skills or qualifications which you have that could be beneficial to employment with this company:

The above information is accurate and complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_