

HUMBLE ROOT

Employment Application



APPLICANT INFORMATION											
Last Name			First			M.I.		DOB			
Street Address						Apartment/Unit #					
City				State		ZIP					
Phone				E-mail Address							
Start Date Available			Social Security No.			Desired Wage					
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Have you ever been in an automobile accident in the last 5 years?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Are you willing to submit a background check?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Do you have an active Medical Marijuana Recommendation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>							
EDUCATION											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
PREVIOUS EMPLOYMENT											
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary \$				Ending Salary \$			
Responsibilities											
From				To	Reason for Leaving						
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

AVAILABILITY							
DAY:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS:							

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	Date