

**APPLICATION FOR EMPLOYMENT**

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, Age, disability or status as a disabled veteran of the Vietnam Era. Accommodations to enable all individuals to participate in the application process will be provided upon advance request.

**ANSWER ALL QUESTIONS - PLEASE PRINT**

Applicant's Name (Last) (First) (Middle)	Date of Application
--	---------------------

Applicant's Address (Street)	Social Security Number
------------------------------	------------------------

Applicant's Address (City, State, Zip)
--

Telephone ( )	Business telephone where you can currently be reached ( )	May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	---	---

Position(s) Applied For (List Job Titles)	Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
---	--

Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> College/Career Placement Office
<input type="checkbox"/> Job Fair <input type="checkbox"/> Employee <input type="checkbox"/> Other

Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	Salary Requirements	Date Available for Work
---	--	---------------------	-------------------------

Have you filed an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give date(s)
--

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to be lawfully employed in the United States (proof of citizenship or immigration status will be required upon employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

List any friends or relatives employed by the company. What is the relationship?
---

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide all detail* *Conviction of a crime will not automatically disqualify you from employment.

Are you licensed to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what state? _____ License # _____
Is your license currently under suspension for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

**EMPLOYMENT EXPERIENCE** (List each job held. Start with your present or last job. Include military service assignments and volunteer activities.)

Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate

<b>1</b>	Supervisor	Reason for Leaving
	Work Performed	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?	

Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate

<b>2</b>	Supervisor	Reason for Leaving
	Work Performed	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What name?	

Date From	Employer Name	Employer Address
-----------	---------------	------------------

Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
<b>3</b>	Supervisor	Reason for Leaving		
	Work Performed			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, What name?	
Date From	Employer Name	Employer Address		
Date To	Employer Phone Number	Job Title	Starting Salary / Hrly Rate	Final Salary / Hrly Rate
<b>4</b>	Supervisor	Reason for Leaving		
	Work Performed			May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you known by another name <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, What name?	

**PLEASE EXPLAIN GAPS IN EMPLOYMENT GREATER THAN 90 DAYS**

Dates	Reason

**REFERENCES (List professional references only. Do not list friends or relatives)**

Name and Title	Address / Phone Number

Education	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other (Specify)				

Are you known to schools by another name?  Yes  No If Yes, what name(s) are you known by?

**PRE-EMPLOYMENT STATEMENT**

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment and, should I be hired by Grow-Tech LLC, termination of my employment.

I authorize representatives of Grow-Tech LLC to contact educational institutions, state and federal agencies to conduct criminal history records checks and employers designated in this Application for purposes of verification and investigation of my educational, criminal record and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Grow-Tech LLC representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Grow-Tech LLC, termination of my employment. Should I be employed by Grow-Tech LLC, I understand that I could be subject to an outside probe if accused of wrongdoing.

Please be aware that Grow-Tech LLC is required to report New Hire information to the State of Maine, Department of Human Services, Division of Support Enforcement and Recovery weekly or within 7 days of the date of hire. The Company complies with this legal requirement.

I certify that I am neither suspended nor excluded from participation in Medicare of state health programs under provisions of sections 1128 or 1156 of the Social Security Act.

Grow-Tech LLC desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, Grow-Tech LLC shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Grow-Tech LLC. I hereby release all such information to Grow-Tech LLC and waive any right of confidentiality.

Submission of the application does not entitle me to be interviewed by Grow-Tech LLC. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Grow-Tech LLC to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Grow-Tech LLC makes a decision on whether or not to hire me or until the 30th day after submission of this application to Grow-Tech LLC, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Grow-Tech LLC in order to be considered for employment. Should I be employed by Grow-Tech LLC, I agree to comply with any and all employment rules and policies of Grow-Tech LLC.

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Company is on an "at-will" basis, meaning that such employment may be permanently discontinued by either the Company (through discharge or lay/off) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between the Company and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the President of the Company. I agree to conform to the Company's rules and I also agree that I shall be subject to other conditions, which the Company may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

\_\_\_\_\_  
**Date** \_\_\_\_\_  
**Applicant's Signature**