

MENDOCINO COAST BOTANICAL GARDENS

EMPLOYMENT APPLICATION

An equal opportunity employer

Position applying for:					
					Date
First Name	Middle Name	Las	st Name		_
Present Address — No. & St	reet	City		State	Zip Code
Permanent Address (if differe	ent from present) — No. & Street	City		State	Zip Code
Business Phone	Home Phone	Cell Phone	Emc	il	
	r worked for Mendocino Coast Boto relatives working for Mendocino Co ationship:			lf yes, when?	
#1 First and Last Name	Relationship	#2	First and Last Name		Relationship
Why are you applying for w	vork at Mendocino Coast Botanical	Gardens?			
If hired, would you have a re Are you at least 18 years old	eliable means of transportation to ar d? Yes No If under 18, hire i		No It you are of minimum legal	age.	
Are you able to perform the	essential functions of the job for whi	ch you are applying,	either with or without	reasonable accom	modation? Yes No
If no, describe the functions t	hat cannot be performed:				

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination or skill/agility tests.

EDUCATION AND TRAINING

			Yes or No	
High School Name		No. Years Completed	Did you Graduate?	Degree or Diploma
City	State			
			Yes or No	
College, Vocational, or Other School N	lame	No. Years Completed	Did you Graduate?	Degree or Diploma
City	State			

EMPLOYMENT HISTORY

List below (or attach your resume) all present and past employment starting with your most recent employer, the last five years is sufficient.

			Dates of Employme	ent:	
#1 Name of Employer				From	То
City	State	Phone Number	Your Supe	ervisor's Name	
Type of Business	Your Pa	osition/Duties			
			Dates of Employme		
#2 Name of Employer				From	То
City	State	Phone Number	Your Supe	ervisor's Name	
Type of Business	Your Pa	osition/Duties			
			Dates of Employme	ent:	
#3 Name of Employer				From	То
City	State	Phone Number	Your Supe	ervisor's Name	
Type of Business	Your Pa	osition/Duties			

REFERENCES

List below three persons not related to you who would have knowledge of your work performance within the last three years.

#1 First and Last Name		City		State
Email	Phone Number		Relationship	
#2 First and Last Name		City		State
Email	Phone Number		Relationship	
#3 First and Last Name		City		State
Email	Phone Number		Relationship	