



EMPLOYMENT APPLICATION

VERDANT HEALTH COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT (INCLUDING APPLICATION FOR EMPLOYMENT) ON ANY BASIS INCLUDING RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, SEX, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN OR MILITARY STATUS, OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE, AND FEDERAL LAW.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE TERMS OF THE AMERICANS WITH DISABILITIES ACT AND CERTAIN STATE OR LOCAL LAWS. A REASONABLE ACCOMMODATION IS A CHANGE IN THE WAY THINGS ARE NORMALLY DONE WHICH WILL ENSURE AN EQUAL EMPLOYMENT OPPORTUNITY WITHOUT IMPOSING UNDUE HARDSHIP ON VERDANT HEALTH COMMISSION. PLEASE CONTACT VERDANT HEALTH COMMISSION IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS.

PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. YOUR FAILURE TO RESPOND TO ALL QUESTIONS MAY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. ALL INFORMATION MUST REFLECT A COMPLETE AND ACCURATE RECORD OF YOUR EDUCATION AND EMPLOYMENT HISTORY.

PERSONAL INFORMATION

Last Name	First Name	MI
Present Street Address	City	State Zip
Home Phone (w/ area code)	Cell Phone (w/ area code)	Work Phone (w/ area code)
Email Address (personal)	Email Address (work)	
Position Applying for:	List any other names you'd be known by for employment records or education	

Are you legally authorized to work in the United States? Yes No
 Are you at least 18 years of age? Yes No
 Will you now or in the future require sponsorship for an immigration-related employment benefit? Yes No

JOB INTERESTS

Date Available _____	Will you relocate, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Desired _____ Hourly/Annual	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract
Have you previously applied for work at Verdant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when and what position? _____
How did you learn about this opportunity? _____ If an employee referred you, include the employee's name	

EDUCATION

Please list your educational background, beginning with High School. Include technical school and military training, etc.

Name and location of school	Major/Degree	Graduated	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

List any vocational or business related courses and training:

PROFESSIONAL REFERENCES

List name and telephone number of three work or school references who know your employment qualifications include supervisors.

Name	Phone number (w/ area code)	Job Title	Relationship to you



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EMPLOYMENT/WORK EXPERIENCE

Complete this portion even if attaching your resume. Please list your employment history starting with your current / most recent employer. Include military service and self-employment. Please account for the last 10 years of employment. Use additional paper if necessary.			
Employer Name	Position Held	Phone Number (w/ area code)	
Street Address	City	State	Zip
Dates Employed	From		To
Supervisor Name and Position		Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please indicate reason:			
Employer Name	Position Held	Phone Number (w/ area code)	
Street Address	City	State	Zip
Dates Employed	From		To
Supervisor Name and Position		Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please indicate reason:			
Employer Name	Position Held	Phone Number (w/ area code)	
Street Address	City	State	Zip
Dates Employed	From		To
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please indicate reason:			
Employer Name	Position Held	Phone Number (w/ area code)	
Street Address	City	State	Zip
Dates Employed	From		To
Supervisor Name and Position		Reason for leaving	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please indicate reason:			

Have you been dismissed or asked to resign from any position? Yes No If "yes", please explain:

Please identify and explain any gaps in employment greater than 90 days:

From	To	Reason for Unemployment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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PRE-EMPLOYMENT STATEMENT

1. I have read and fully understand the questions in this application and I certify the answers I have given in this application are true and complete to the best of my knowledge, and I understand that any false or misleading answers, omissions or concealment of facts will disqualify me from consideration of employment or, if hired, may lead to my immediate separation of employment.
2. I understand that I may be subjected to a criminal background check where it is substantially job related and consistent with business necessity or credit check where it is substantially job related after receiving a conditional offer of employment where allowed by law.
3. I understand I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result in order to be permitted to commence work with Company where allowed by law. I understand that where permissible under applicable federal, state and local law, I may be required to provide authorization for verification of my driving history and driving licenses if such information is related to the position for which I am applying consistent with business necessity.
4. In the event the Company advances me money or other items of value, or I otherwise become indebted financially to the Company, I agree to repay the Company and also agree any wages due to me upon termination may be offset by payroll deductions against such monies due the Company, except where prohibited by applicable law.
5. If hired, I agree to abide by the policies and expectations of the Company. **I understand that my employment is "at will" and can be terminated by me or by the Company at any time without notice or cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination.** I understand that no language in this application or any statement made during employment may change my at will employment, with the sole exception of an agreement in writing signed by the Superintendent of the Company or the Chair of the Board of Commissioners (when applicable).
6. By signing below, I certify and acknowledge that I have read the statements and that I understand them.

Signature of Applicant

Date