

MAGGIE'S FARM APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING IN INK.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, GENDER, AGE, NATIONAL ORIGIN, SEXUAL ORIENTATION OR DISABILITY.

DO YOU REQUIRE ANY ACCOMODATIONS TO PARTICIPATE IN THE APPLCATION/
INTERVIEW PROCESS? Yes No



Date:

Personal Information

Name:

First

Middle

Last

Address:

Street

City

State

ZIP

Phone Number:

Email Address:

Are you at least 21 years of age? Yes No

Are you a US Citizen? Yes No

If not, are you legally authorized to work in the United States? Yes No

Type of Work Authorization:

Are you related to anyone currently employed by Maggie's Farm? Yes No

If yes, please list name & department:

Referred by (including agency):

Do you have a Med Badge? Yes No

Badge Number:

Are you a Colorado Notary? Yes No

Notary ID:

Employment Desired

Position Desired: _____

Date you can start: _____

Desired Salary: _____

Are you currently employed?

Yes No

If so, may we inquire of your present employer?

Yes No

Do you wish to be notified before we contact your present employer?

Yes No

Employment Availability

Please indicate desired employment status:

Please indicate your availability on the chart below:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Work Experience

Employer Info: (Name, Address & Phone)	From-To:	Position:	Salary:	Reason for leaving:

Employment Availability

Do you have a diploma/GED?

Yes No

Post Secondary Degree?

College/Trade/Vocational School: _____

Dates Attended: _____ - _____

Major/Minor: _____

Graduated? Yes No

References (Professional References Preferred)

Name:

Relationship:

Contact Info:

- _____
- _____
- _____

Information that you provide on this application is subject to verification. Falsification or misrepresentation may disqualify you from consideration for employment, or, if hired, may be grounds for termination at a later date.

Signature

Date

With my signature above, typed or written, I certify that everything on this application and all attached pages is complete and accurate to the best of my knowledge and does not contain any willful falsifications or misrepresentations. I authorize all former employers to release any job-related information about me and release all persons and companies from liability for providing said information.