

# THE MOSSY TREE, LLC

## Application for Employment



Position You Are Applying For \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name _____	First Name _____	Middle _____
Address _____	City _____	State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Email address: _____		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have served in the military or am an eligible spouse of a military veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

### EMPLOYMENT HISTORY (start with most current)

Employer: _____	Position held: _____
Address: _____	Telephone: _____
City: _____	State: _____ Zip: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	
Job summary: _____	
Reason for leaving: _____	
Employer: _____	Position held: _____
Address: _____	Telephone: _____
City: _____	State: _____ Zip: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	
Job summary: _____	
Reason for leaving: _____	
Employer: _____	Position held: _____
Address: _____	Telephone: _____
City: _____	State: _____ Zip: _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	
Job summary: _____	
Reason for leaving: _____	



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### REFERENCES

Name	Company	Phone

### Acknowledgement and Authorization

- I affirm that all of the information contained on this job application is true and complete and that any falsification, misrepresentation or omission herein may result in refusal of, or immediate dismissal from, employment.
- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- I agree that I will not commence any action or suit relating to my employment with the company (or termination of the employment) more than 180 days after the employment action at issue, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving the right, and that any claims not brought within 180 days of the action complained of will be barred.

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Signature of Applicant

Date