



## APPLICATION FOR EMPLOYMENT

This application is also available online at: <https://www.bainbridgegardens.com/application.pdf>

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	Today's Date
Street Address	City/State	Zip Code	Phone Number
Desired Position	Desired Wage/Salary	Employment type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Desired Starting Date	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK AVAILABILITY
<i>What days of the week are you available for work? Specify AM/PM if necessary.</i>

EDUCATION HISTORY		
High School, City, State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No, Years Completed: _____ <input type="checkbox"/> No <input type="checkbox"/> GED	
College or Technical School, City, State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, Yrs Completed: _____	Degree/Major
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected completion date:

MILITARY SERVICE
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
Duty/Specialized Training:

### BAINBRIDGE GARDENS IS AN EQUAL OPPORTUNITY EMPLOYER

Any offer of employment is conditional based upon completing form I-9 and providing the appropriate documents for identity and work authorization. Applicants under 18 years of age will be required to submit a birth certificate or work certificate as required by state or federal law.

**SKILLS AND ACCOMPLISHMENTS**

List any job-related skills or accomplishments

**EMPLOYMENT HISTORY**

Employer Name and Address		
Position Title/Duties/Skills	Dates Employed From:                      To:	
Reason for leaving:	Hourly pay or salary:	
Supervisor's Name:	Telephone:	Okay to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name and Address		
Position Title/Duties/Skills	Dates Employed From:                      To:	
Reason for leaving:	Hourly pay or salary:	
Supervisor's Name:	Telephone:	Okay to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name and Address		
Position Title/Duties/Skills	Dates Employed From:                      To:	
Reason for leaving:	Hourly pay or salary:	
Supervisor's Name:	Telephone:	Okay to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

List three references who are not former employers who we may contact. You may leave this section blank until requested.

Name and Occupation	How to you know them and for how long?	Phone Number

**ACKNOWLEDGEMENT AND AUTHORIZATION**

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date