

EMPLOYMENT APPLICATION

Please fill out this application completely. Incomplete applications will not be accepted.
Cavicchio Greenhouses, Inc. is an Equal Opportunity Employer.

Date	
------	--

Position Desired					Available Start Date	
		Full Time		Part Time	Desired Wage	

Applicant Information

Last Name		First Name		Middle	
Street Address				Apt./Unit	
City/Town		State		Zip Code	
Email		Phone			
Are you legally authorized to work in the United States?			Yes		No
Are you able to provide proof/identification of that legal right?			Yes		No
Are you at least 18 years old?			Yes		No

Referral Source

Employee Referral (Name)					
Website	LinkedIn	Career Builder	Craiglists	Indeed	Other

Business References (provide 3 references other than relatives)

Name		Relationship	
Company		Phone	
Job Title		Email	
Name		Relationship	
Company		Phone	
Job Title		Email	
Name		Relationship	
Company		Phone	
Job Title		Email	

Education

High School		Years Completed	1	2	3	4
City/State		Did you Graduate?		Yes		No
Subjects Studied						
College		Years Completed	1	2	3	4
City/State		Did you Graduate?		Yes		No
Degree						
Additional Education, Training or Certifications						

Language Skills	English	Spanish	Portuguese	Other
-----------------	---------	---------	------------	-------

Please fill out this application completely. Incomplete applications will not be accepted.

Work Experience (Beginning with your current or most recent employer)

Employer		Supervisor			
Street Address		Title			
City/Town		Phone		Zip Code	
Email		May we contact this person	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Period of Employment Start Date (Month/Year)		End Date (Month/Year)			
Starting Position					
Most Recent Position					
Job Responsibilities					
Reason for Leaving					

Employer		Supervisor			
Street Address		Title			
City/Town		Phone		Zip Code	
Email		May we contact this person	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Period of Employment Start Date (Month/Year)		End Date (Month/Year)			
Starting Position					
Most Recent Position					
Job Responsibilities					
Reason for Leaving					

Employer		Supervisor			
Street Address		Title			
City/Town		Phone		Zip Code	
Email		May we contact this person	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Period of Employment Start Date (Month/Year)		End Date (Month/Year)			
Starting Position					
Most Recent Position					
Job Responsibilities					
Reason for Leaving					

Applicant Statement

	I certify that information provided herein is true and complete.
	I authorize investigation of all information provided in this application as may be necessary for making an employment decision.
	In the event of employment, I understand that false and/or misleading information given in this application or in any interview(s) may result in discharge.
	By submitting this application I acknowledge that if extended an offer I may be subject to a background check and/or drug screen. Results may be cause to reject my application for employment.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.
An employer who violates this law may be subject to criminal penalties and civil liability.

Applicant Signature

Date