

Application for Employment

Please fill out the following application to be considered for any open positions that are currently available. Locust Grove is an equal opportunity employer and does not discriminate based on race, color, national origin, age, religion, creed, disability, veteran's status, gender, sexual orientation, gender identity, or gender expression. No question on this application is used to limit or eliminate any applicant for consideration for employment on any basis prohibited by applicable local, state, or federal law.

General Information:

Full Name:			
Address:			
City:	State:	Zip:	
Phone Number:			
Email Adress:			
Position & Availabilit	y:		
What position are you ap	plying for?		

What date are you available to start?	
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Work Experience:

Employer 1 Name:		Job Title:	
Address:			
City:	State:	Zip:	
Phone Number:		Dates of Employment:	
Employer 2 Name:		Job Title:	
Address:			
City:	State:	Zip:	
Phone Number:		Dates of Employment:	
Employer 3 Name:		Job Title:	
Address:			
City:	State:	Zip:	
Phone Number:		Dates of Employment:	



Professional References:

Name:		
Relationship:	Company/Title:	
Phone Number:	Email:	
Name:		
Relationship:	Company/Title:	
Phone Number:	Email:	

By signing below, I certify all information contained within this application is correct to the best of my knowledge. I acknowledge that providing false information is grounds for refusing to hire me, or for termination should I be hired. I expressly authorize, without reservation, the employer, and its representatives to contact and obtain information from all references, and employers, to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, lawfully, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

Signature:	Date:
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Name (Printed):	