

**Cape Fear Botanical Garden  
P.O. Box 53485, Fayetteville NC 28305  
536 N. Eastern Boulevard, Fayetteville NC 28301  
Phone: (910) 486-0221**

**Personal Information**

\_\_\_\_\_  
**Last Name                      First                      Middle initial                      Maiden                      Date**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Cell Phone**

\_\_\_\_\_  
**Position Desired**

\_\_\_\_\_  
**Expected Salary**

\_\_\_\_\_  
**When will you be available for work?**

Have you ever been employed with Cape Fear Botanical Garden? **Yes   No**

If yes, list:

\_\_\_\_\_  
**Position held**

\_\_\_\_\_  
**Month/Year**

**Are you a U.S. Citizen?** Yes \_\_\_\_ No \_\_\_\_ If no, attach a copy of your Alien Registration Card.

**Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?** Yes \_\_\_\_ No \_\_\_\_

If yes, describe in full: \_\_\_\_\_

**Membership in professional organizations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES;** include Name, Street Address, State, Zip Code, Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, religion, political affiliation or disability.**

**EDUCATION Graduate School**

Name & Location	Course of Study	Credit Hours	Degree/Year received

**EDUCATION Undergraduate School**

Name & Location	Course of Study	Credit Hours	Degree/Diploma, Year received

**EDUCATION High School**

Name & Location	Course of Study	Credit Hours	Diploma, Year received

**OTHER TRAINING OR SKILLS; special licensure, journeyman experience, computer/software, ETC.**

Name & Location	Course of Study	Hours	Year received

**EMPLOYMENT RECORD (Begin with present or last position)**

1. Company name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Job title \_\_\_\_\_  
 Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 May we inquire of this employer about your character and qualifications? \_\_\_\_\_

2. . Company name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Job title \_\_\_\_\_  
 Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. . Company name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
 Monthly Salary \$ \_\_\_\_\_ Job title \_\_\_\_\_  
 Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY.**

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**TO BE COMPLETED BY EVERY APPLICANT**

**Statement of Military Registration Status**

- ☐ I certify that I am registered with Selective Service.
- ☐ I certify that I am not required to be registered with Selective Service because:
- ☐ I am female.
  - ☐ I am in the armed services on active duty (note: does not apply to members of the Reserves and National Guard who are not on active duty).
  - ☐ I have not reached my 18th birthday.
  - ☐ I was born before 1960.
  - ☐ I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

***Applicants found ineligible shall have 30 days after notice to prove compliance.***

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**Branch of Service**

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**Active Duty From To**

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**Rank at Discharge Date of Final Discharge**

Describe your duties and any special training: \_\_\_\_\_

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**APPLICANT'S ACKNOWLEDGEMENT**

I understand that any employment offered to me by the garden, unless reflected in a written contract signed by the director, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if it is deemed to be in his/her/its best interest.

Background check, drug testing and motor vehicle record check may be required as a condition of employment for selected positions.

I acknowledge that this application will be considered active until the position for which I am applying has been filled. At that time, this application will expire. If I want to be considered for employment after the expiration of this application, I understand that I must complete a new application form.

I hereby certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed and disqualified for further employment.

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Applicant's Signature

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Date

*Please return completed application to Cape Fear Botanical Garden in person or by mail.*

**AN EQUAL OPPORTUNITY EMPLOYER.**

How did you learn about this vacancy? Newspaper \_\_\_\_\_ Other \_\_\_\_\_

