

**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.

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.

Branch of Service	Active Duty From To
Rank at Discharge Date of Final Discharge	
Describe your duties and any special training: _____	

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.

Applicant's Signature	Date
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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 _____

