

# EMPLOYMENT APPLICATION

*GrowWest MD is an equal opportunity employer. It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on protected class status such as race, age, color, sex, religion, national origin, marital status, familial status, military status, sexual orientation, genetic information, disability and all other protected classes under law.*



## EMPLOYMENT RECORD

Please list employers and military service. Please indicate what name you used during these periods of employment, if different from your present name.

CURRENT/MOST RECENT

Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) Mo/Yr.
Address	Telephone ( )
	Last Wage or Salary
Position Title	Supervisor and Title
Summary of Duties	
Reason for Leaving (mark one and explain)  _____ voluntary, reason:  _____ involuntary, reason:	Hours Worked Per Week

FIRST PREVIOUS

Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) Mo/Yr.
Address	Telephone ( )
	Last Wage or Salary
Position Title	Supervisor and Title
Summary of Duties	
Reason for Leaving  _____ voluntary, reason:  _____ involuntary, reason:	Hours Worked Per Week

SECOND PREVIOUS

Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) Mo/Yr.
Address	Telephone ( )
	Last Wage or Salary
Position Title	Supervisor and Title
Summary of Duties	

THIRD PREVIOUS

Reason for Leaving _____ voluntary, reason: _____ involuntary, reason:	Hours Worked Per Week
Employer	From ___/___/___ To ___/___/___ (Mo./Yr.) Mo/Yr.
Address	Telephone ( )
	Last Wage or Salary
Position Title	Supervisor and Title
Summary of Duties	
Reason for Leaving _____ voluntary, reason: _____ involuntary, reason:	Hours Worked Per Week

May we contact all of the above employers for references? If no, list the employers not to be contacted and give reason.

Employer \_\_\_\_\_ Reason \_\_\_\_\_

Employer \_\_\_\_\_ Reason \_\_\_\_\_

**PROFESSIONAL REFERENCES**

(do not list friends or family members)

Name	Occupation/Organization	How Known	Years Known	Telephone #

List any other job-related skills or experience you believe relevant to your application.

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## **IMPORTANT – READ BEFORE SIGNING**

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I understand that if I am selected for an interview or given a conditional offer of employment, GrowWest MD is required to conduct a background check on me and arrange for a drug screen. I understand GrowWestMD will consider this information in connection with deciding whether to hire me in accordance with applicable law.

I authorize GrowWest MD to investigate the information contained in this application and release it (and its employees and agents) from any and all liability for seeking information and opinions on me. I authorize all employers, educational institutions, entities, and persons listed in this application or identified during the hiring process to provide information about me and hereby release them from all liability for providing such information. I hereby waive any privilege I have to such information.

I certify that the information I provided the GrowWest MD in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon GrowWest MD unless made in writing and signed by an authorized officer of GrowWest MD. If an employment relationship is established, I understand that it will be an “at-will” relationship and that I will have the right to terminate my employment at any time, with or without cause, and with or without advance notice, and that GrowWest MD retains the same right with regard to ending my employment. I also understand that if I am offered employment I may be required to sign restrictive covenants to protect GrowWest MD’s business.

**I authorize GrowWest MD, or its agent, to contact the references I have listed herein.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_