

EMPLOYMENT HISTORY

List all previous employers for whom you have worked in the last ten years. Include periods of unemployment, if any.

| | Last or Present Job | Previous Job | Previous Job |
|---|---------------------|--------------|--------------|
| Employer Name | | | |
| Address – Street | | | |
| City, State/Zip | | | |
| Supervisor & Phone # | | | |
| Dates of Employment Mo./Yr. to Mo./Yr. | | | |
| Salary Start/End | | | |
| Job Title | | | |
| Job Description | | | |
| Reason for Leaving | | | |

Please read this and sign on the line below.

In consideration of my employment and of the wage of salary paid to me, I agree that:

1. All papers and apparatus relating to The Gardens of Castle Rock (the Company) business including those prepared by me shall be the property of the Company and, except as required by my work, I shall not reveal them to others nor will I reveal any information concerning the Company's business, including its practices, processes, and methods.
2. In making this application for employment, I understand that the Company may request an inquiry into my background which will supply it information concerning my character, general reputation, personal characteristics, and mode of living. I understand that nothing contained in this employment application and nothing in any of the Company's policies, procedures, or handbooks that I might receive is intended to create an employment contract between the Company and me, either for employment or for the provision of any benefits. No promises regarding employment have been made to me and if an employment relationship is established, I understand I have the right to terminate my employment at any time for any reason or no reason, and that the Company retains a similar right regarding the discontinuation of my employment.
3. I understand that this agreement is binding and that the submission of any false information in connection with my application for employment, whether on this document or not, shall be cause for my immediate discharge.

Agreed by: _____

(Signature)

Date: _____

FOR OFFICE USE ONLY

Position applied for: _____

Recommend Hire

NOT recommended For Hire

Reasons for Above Action:

Full-Time

Part-Time

Department: _____

Shift: _____

Starting Wage: _____

Grade: _____

Supervisor/Team Leader: _____

Employee Number: _____

Starting Date: _____