901 E. Highway 54 • P.O. Box 1186
Guymon, OK 73942
P: (580) 338-6034 • F: (580) 338-6035
ctpbotanicalsplus@gmail.com

Date: _____

Application for Employment

Please complete form in its entirety for employment consideration.

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Phone: _____

Address: _____

City, State, & Zip Code: _____

Email Address: _____

Are you over 18 years of age? ☐ Yes ☐ No

Have you ever applied for employment with us? ☐ Yes ☐ No Month/Year: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

When will you be available to work? _____

Are you currently employed? ☐ Yes ☐ No

If so, may we contact your present employer? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License #: _____ Issuing State: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses which has not been annulled, expunged, or sealed by a court? ☐ Yes ☐ No
If yes, describe in full:

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? ☐ Yes ☐ No
If yes, please explain:

Military

Have you ever served in the Armed Forces? ☐ Yes ☐ No

Branch of Service: _____

Describe your duties and any special training:

_____

_____

Period of Active Service: _____

Date of Final Discharge: _____ Rank at Discharge: _____

Education

School	Location	Yrs Completed	Degree/Diploma

Employment History

Please give complete, accurate full-time and part-time employment information starting with present or most recent employer.

Company Name:	Telephone:
Address:	Employed (Month & Year) From To
Supervisor Name:	Hourly Rate Start Last
Job Title:	Description of Work:
Reason for Leaving:	
May we contact this employer? ☐ Yes ☐ No If no, please provide a reason:	

Company Name:	Telephone:
Address:	Employed (Month & Year) From To
Supervisor Name:	Hourly Rate Start Last
Job Title:	Description of Work:
Reason for Leaving:	
May we contact this employer? Yes ☐ No ☐ If no, please provide a reason:	

Company Name:	Telephone:
Address:	Employed (Month & Year) From To
Supervisor Name:	Hourly Rate Start Last
Job Title:	Description of Work:
Reason for Leaving:	
May we contact this employer? ☐ Yes ☐ No If no, please provide a reason:	

References

Please provide the names of three persons not related to you, whom you have known at least one year.

Name	Phone #	Business	Years Acquainted
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If the employer chooses to engage in an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained, the employer will provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ _____

Signature Date