

EMPLOYMENT APPLICATION (*Please complete the entire application*)

Employer Information

| Employer: | Permaculture Artisans |
|-----------------|--------------------------------|
| Address: | 2185 Gravenstein Hwy, South |
| City/State/ZIP: | Sebastopol, California 95472 |
| Telephone: | 707-824-0836 |
| Email: | admin@permacultureartisans.com |

It is the policy of Permaculture Artisans to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

| Applicant Full Name: | |
|----------------------|--|
| Home Address: | |
| City/State/ZIP: | |
| Email Address: | |
| Telephone Number: | |

Job Position

| Position I'm Applying for | r: |
|---------------------------|----|
| Hourly Rate Desired: | |

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

| Employer Name: | |
|------------------------|--|
| Supervisor Name: | |
| Address: | |
| City/State/ZIP: | |
| Job Duties: | |
| Reason for Leaving: | |
| Dates of Employment (N | 1onth/Year): |
| License | #909417 P.O. Box 116 Sebastopol, CA 95473 707-824-0836 |
| | www.permacultureartisans.com |

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| Job Duties: | |
| Reason for Leaving: | |
| Dates of Employment (M | onth/Year): |

References

List any two non-relatives who would be willing to provide a professional reference for you.

| Name: | |
|-----------------------------|------|
| Address: | |
| City/State/ZIP: | |
| Telephone: | |
| Email: | |
| Relationship: | |
| | |
| | |
| Name: | |
| Name: Address: | |
| | |
| Address: | |
| Address: City/State/ZIP: | |

Additional Information:

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:



CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Permaculture Artisans to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Principal, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Permaculture Artisans, except in a specific written contract of employment signed on behalf of the organization by its Principal, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT'S SIGNATURE

DATE