



THE
FARMERS
LAND
TRUST

EMPLOYMENT JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME PER-DIEM

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

GRADUATE: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO*

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO*

EMPLOYER 3: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER? YES NO*

PROFESSIONAL REFERENCES
(PROFESSIONAL OR ACADEMIC ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY/SCHOOL: _____ TITLE: _____ - _____

SUPERVISOR'S/ADVISOR'S/SIMILAR NAME AND TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY/SCHOOL: _____ TITLE: _____

SUPERVISOR'S/ADVISOR'S/SIMILAR NAME AND TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY OR SCHOOL: _____ TITLE: _____

SUPERVISOR'S/ADVISOR'S/SIMILAR NAME AND TITLE: _____

E-MAIL: _____ PHONE: _____

SAMPLE WORK

PLEASE ATTACH 3 PUBLISHED OR UNPUBLISHED WRITING SAMPLES

OTHER SKILLS

DETAILS: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that The Farmers Land Trust is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, national origin, religion or religious creed, sex, sexual orientation, gender, gender identity or expression, HIV or other medical condition, pregnancy or childbirth, national origin, veteran or disability status, genetic information, age (40 or older), military or veteran status or exigencies, marital status, reproductive health decision-making, or any other class protected by law. The Farmers Land Trust is committed to excellence through diversity.

The Farmers Land Trust is a fiscally sponsored project of Sponsor, Inc (DBA Mission Earth) and Sponsor, inc. is an “at-will” employer.

Incomplete or illegible applications will not be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____