

APPLICATION FOR EMPLOYMENT
APPLICATIONS MUST BE ACCOMPANIED WITH A COVER LETTER AND A RESUME FOR CONSIDERATION

Mountain Rose Herbs is an equal opportunity employer. All potential employees are evaluated without regard to race, color, religion, gender, sexual orientation, national origin, age, martial status, veteran status, disability, or any other legally protected status.

Position Sought _____

How did you learn about the position?

Have you ever worked for or applied to this company before? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Emergency Contact _____

Email Address _____

Are you employed now? _____

If so may we inquire a reference of your present employer? _____

Why are you seeking employment with Mountain Rose Herbs?

On what date would you be available for work? _____

How many hours per week are you looking to work? _____

Are you available to work a weekend day as part of a regular set schedule? _____

Do you have reliable transportation to our facility?

Are you legally eligible to work in the United States? _____

To comply with child labor minimum age requirements, please verify if you are over the age of 18.
 Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment?
 Yes No

If yes, please describe circumstances:

Have you even been disciplined for attendance issues in a former position?

Have you ever been convicted of a felony?

Yes No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

School Name	Location	Degree Received	Major

If you are applying for Customer Service please answer the following questions:

What is your typing speed?

Please explain your knowledge of natural products including herbs spices, teas, and essential oils:

If you are applying for a warehouse position, please answer the following questions:

Are you able to lift up to 65 pounds with or without accommodations?

Are you able to work in an environment containing herb dust and powders?

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT

(Most Recent First.)

Employer _____

Job Title _____ Supervisor _____

Dates Employed _____

Prior Position Held within Company (if any) _____

Current rate of pay, or pay rate prior to leaving _____

Address _____ City _____ State _____

Zip _____ Phone _____

Duties Performed

What did you like most about this job?

Reason for leaving _____

Employer _____

Job Title _____ Supervisor _____

Dates Employed _____

Prior Position Held within Company (if any) _____

Pay rate prior to leaving _____

Address _____ City _____ State _____

Zip _____ Phone _____

Duties Performed

What did you like most about this job?

Reason for Leaving

Employer _____

Job Title _____ Supervisor _____

Dates Employed _____

Prior Position Held within Company (if any) _____

Pay rate prior to leaving _____

Address _____ City _____ State _____

Zip _____ Phone _____

Duties Performed

What did you like most about this job

Reason for Leaving _____

Employer _____

Job Title _____ Supervisor _____

Dates Employed _____

Prior Position Held within Company (if any) _____

Pay rate prior to leaving _____

Address _____ City _____ State _____

Zip _____ Phone _____

Duties Performed

What did you like most about this job

Reason for Leaving

PROFESSIONAL REFERENCES/SUPERVISORS

Name	Phone
Professional or personal relationship Company name:	Years acquainted
Name	Phone
Professional or personal relationship Company Name:	Years acquainted
Name	Phone
Professional or personal relationship Company Name:	Years acquainted
Name	Phone
Professional or personal relationship Company Name:	Years acquainted

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date