

APPLICATION FOR EMPLOYMENT

Wholistic Botanicals L.L.C.
155 West 2050 North, Spanish Fork, UT 84660
(800) 453-1406 | www.drchristopher.com
Please completely fill in the requested information.

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, age, disability, marital, or veteran status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Personal

Last Name	First	Middle	Social Security Number
Street Address			Home Telephone
City, State, Zip			Other Contact Telephone
Have you ever been employed by Wholistic Botanicals before? __ Yes __ No			Are you age 18 or older? __ Yes __ No
Position applying for			Date of application
Are you able to meet the attendance requirements of the position? __ Yes __ No			Will you work overtime if asked?
Are you available to work: __ Full Time __ Part Time __ Temporary Hours I can work _____ Days I can work _____			On what date would you be available for work? _____
Are you lawfully eligible to work in the United States? __ Yes __ NO (Proof of eligibility will be required before you can be employed.)			How did you hear about this opening? __ Newspaper ad __ Dr. C's Website __ Internet ad __ Dr. C's employee
Have you been convicted of a felony within the last 7 years? __ Yes __ No If yes, please explain _____ _____ _____(conviction will not necessarily disqualify an applicant from employment)			
Please indicate any special training or skills you have that may be relevant to the job. _____ _____ _____			(name of employee) __ Other _____ _____

Education

School	Name & Location of School	Course of Study	Number of Years	Did you Graduate?	Type of Degree Diploma
High School					
College or University					
Business/Trade or Technical					
Graduate School					
Other					

Please complete this section fully, even if you are attaching a resume.
 Start with your present or last job. Include full-time and part-time employment.

Employment

1 - Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary / Wages Start: _____ Last: _____
State job title and describe your work duties	Reason for Leaving _____ _____ _____
	Contact Approval __ Yes __ No

2 - Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary / Wages Start: _____ Last: _____
State job title and describe your work duties	Reason for Leaving _____ _____ _____
	Contact Approval __ Yes __ No

3 - Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary / Wages Start: _____ Last: _____
State job title and describe your work duties	Reason for Leaving _____ _____ _____
	Contact Approval __ Yes __ No

Give name, address, telephone number, and relationship of three business-type references (preferably from former employment) who are not related to you.

References

Name	Address	Telephone #	Business Relationship
1.			
2.			
3.			

Language

Indicate any foreign languages you can speak, read, and/or write: _____

Drug Free Workplace

Wholistic Botanicals L.L.C. is committed to a safe, productive, and drug free work environment and to promoting the general health and well-being of all employees and prospective employees. Therefore, in order to achieve the objectives of safety, productivity, health, and well-being in the workplace, Wholistic Botanicals L.L.C. drug tests all prospective employees as a condition of employment. Prospective employees who refuse to take a drug test or whose test is confirmed positive will be denied employment with Wholistic Botanicals L.L.C. By signing below, I acknowledge Wholistic Botanicals L.L.C. is a drugfree workplace and employment with Wholistic Botanicals L.L.C. is contingent upon taking and passing a drug test.

Printed Name _____

Applicant Signature _____ Date _____

Signature

Important: Read carefully and sign: The answers to the foregoing questions are true and correct to the best of my knowledge. I understand that falsification of statements on this application will be considered a cause for dismissal. I understand that as a part of normal employment procedures, a routine inquiry may be made concerning my past work history. I authorize such investigation. I understand that my employment is contingent upon the results of a drug screening analysis for substance abuse. I agree to submit to drug testing and understand that the results of such analysis may be grounds for disqualifying or terminating my employment. In the event the company advances me money or other things of value or I otherwise become indebted financially to the company, I agree to repay the company. I authorize the company to deduct such amounts from my pay and/or bill me as Wholistic Botanicals L.L.C. deems necessary. If I am employed, I understand that I have the right to terminate my employment at any time, and the company retains a similar right.

Signature _____ Date _____