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**High Desert Food & Farm Alliance Employment Application**

*Instructions: Please fill in each section and skip questions that are not applicable. Use an electronic signature or sign and scan this document. Save the form with the title “LastName\_First\_Employment Application” and include with your application materials.*

Full Name

Current Mailing Address

State and Zip Code

Telephone Number

Email Address

Job Title(s) for which you are applying:

Driver’s License Number

State providing the license

**Prior Employment and Volunteer Work**

Please list all employment in last ten years; use additional paper if necessary.

(1) Name of Business/Organization Website URL

Name of Supervisor

Telephone Number Email Address

Your Position and duties

Dates of Employment

Reason for Leaving

(2) Name of Business/Organization Website URL

Name of Supervisor

Telephone Number Email Address

Your Position and duties

Dates of Employment

Reason for Leaving

(3) Name of Business/Organization Website URL

Name of Supervisor

Telephone Number Email Address

Your Position and duties

Dates of Employment

Reason for Leaving

**Education**

List the last two levels of education completed.

(1)School Year graduated

Degree earned Major or topic of study

(2)School Year graduated

Degree earned Major or topic of study

**References (2 Professional, 1 Personal)**

(1) Full Name

Mailing Address State Zip

Telephone Email Address

When did you meet this person?

What is your relationship with this individual?

(2) Full Name

Mailing Address State Zip

Telephone Email Address

When did you meet this person?

What is your relationship with this individual?

(3) Full Name

Mailing Address State Zip

Telephone Email Address

When did you meet this person?

What is your relationship with this individual?

I certify that everything I have disclosed in this employment application is accurate. I authorize the High Desert Food & Farm alliance to contact every individual I have named in this application to confirm my statements and conduct a background check on me. I authorize HDFFA to contact the Department of Motor Vehicles from my state to request a copy of my driving history.

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Signature Date