



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.

Signature

Date