

# *The Rhododendron Species Foundation & Botanical Garden*

PO Box 3798  
Federal Way, WA 98063

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificate? Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of, or pleaded no contest to, a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you able to lift 30lbs?

Do you have any physical restrictions that would impact your ability to do this work? \_\_\_\_\_

Are you aware that this work is outdoors and may require work in inclement weather? \_\_\_\_\_

### POSITION/AVAILABILITY:

Position Applied For \_\_\_\_\_

Days/Hours Available Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_ Sunday \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

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## **EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

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Skills and Qualifications: Licenses, Skills, Training, Awards:

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## **EMPLOYMENT HISTORY:**

**DO NOT WRITE "SEE RESUME"**

### **Present Or Last Position**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ **May We Contact This Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ **May We Contact This Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ **May We Contact This Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_