

**Cape Fear Botanical Garden**  
**P.O. Box 53485, Fayetteville NC 28305**  
**536 N. Eastern Boulevard, Fayetteville NC 28301**  
**Phone: (910) 486-0221**

**PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name                      First                      Middle                      Maiden                      Date

\_\_\_\_\_  
Street Address                      Social Security Number

\_\_\_\_\_  
City, State, Zip Code                      E-mail Address

\_\_\_\_\_  
Position Desired                      Home Phone

\_\_\_\_\_  
Business Phone

Have you ever been employed with Cape Fear Botanical Garden?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list position held, month and year:

\_\_\_\_\_  
When will you be available for work? \_\_\_\_\_ Expected salary: \_\_\_\_\_

Are you a U.S. Citizen?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If no, please attach a copy of your Alien Registration Card.

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_

Membership in professional organizations: \_\_\_\_\_

**REFERENCES**

\_\_\_\_\_  
Name                      Street Address                      State                      Zip Code                      Phone

\_\_\_\_\_  
Name                      Street Address                      State                      Zip Code                      Phone

\_\_\_\_\_  
Name                      Street Address                      State                      Zip Code                      Phone

Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, religion, political affiliation or disability.

**EDUCATION**

Graduate School	Name & Location	Course of Study	Credit Hours	Degree/ Yr. Received

Undergraduate School	Name & Location	Course of Study	Credit Hours	Degree/ Diploma Received

High School	Name & Location	Course of Study	Credit Hours	Diploma Year Received

Special	Certification	Source	Hours	Year

Other special training or skills (special licensure, journeyman experience, computer/software).

**EMPLOYMENT RECORD (Begin with present or last position)**

1. Company name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your character and qualifications? \_\_\_\_\_

2. Company name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your character and qualifications? \_\_\_\_\_

3. Company name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Job title and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY.**

**TO BE COMPLETED BY EVERY APPLICANT**  
**Statement of Military Registration Status**

- I certify that I am registered with Selective Service.
  
- I certify that I am not required to be registered with Selective Service because:
  - I am female.
  - I am in the armed services on active duty (note: does not apply to members of the Reserves and National Guard who are not on active duty).
  - I have not reached my 18th birthday.
  - I was born before 1960.
  - I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

Applicants found ineligible shall have 30 days after notice to prove compliance

\_\_\_\_\_  
Branch of Service Active Duty From -To

\_\_\_\_\_  
Rank at Discharge Date of Final Discharge

Describe your duties and any special training: \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT**

I understand that any employment offered to me by the garden, unless reflected in a written contract signed by the director, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if it is deemed to be in his/her/its best interest. Background checks

I acknowledge that this application will be considered active until the position for which I am applying has been filled. At that time, this application will expire. If I want to be considered for employment after the expiration of this application, I understand that I must complete a new application form.

I hereby certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed and disqualified for further employment.

\_\_\_\_\_  
Applicant's Signature Date

*Please return completed application to Cape Fear Botanical Garden in person or by mail.*

**AN EQUAL OPPORTUNITY EMPLOYER.**

How did you learn about this vacancy?                      Newspaper \_\_\_\_\_ Other ( \_\_\_\_\_ )