



## EMPLOYMENT HISTORY

Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary.

May we contact your present employer?  Yes  No

Employer \_\_\_\_\_ Address \_\_\_\_\_  
(If any employment was under a different name, include name \_\_\_\_\_)

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Bonus/Incentives \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Address \_\_\_\_\_  
(If any employment was under a different name, include name \_\_\_\_\_)

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Bonus/Incentives \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Address \_\_\_\_\_  
(If any employment was under a different name, include name \_\_\_\_\_)

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Bonus/Incentives \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Address \_\_\_\_\_  
(If any employment was under a different name, include name \_\_\_\_\_)

Telephone \_\_\_\_\_ Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Bonus/Incentives \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES:** Give the names of three professional associates not related to you, whom you have known at least one year.

NAME	RELATIONSHIP/OCCUPATION	PHONE NUMBER	YEARS KNOWN

### **APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

*I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.*

*I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by CROPLIFE AMERICA Corporation (hereinafter referred to as "CROPLIFE AMERICA") that such employment with CROPLIFE AMERICA is at will, for no specified duration and may be terminated by either CROPLIFE AMERICA or myself at any time, with or without cause or notice.*

*I understand that if offered a position with CROPLIFE AMERICA, I may be required to submit to a background check as a condition of employment. I understand that a unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of this pre-employments check will result in withdrawal of any employment offer or termination of employment if already employed.*

*I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CROPLIFE AMERICA and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.*

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

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

\_\_\_\_\_  
Date