



## LEFT FOOT ORGANICS

PO BOX 12772  
OLYMPIA, WA 98508  
360-754-1849

[www.leftfootorganics.org](http://www.leftfootorganics.org)

Promoting self-sufficiency, inclusion and independence for people with disabilities and rural youth through meaningful, paid employment and training in the business of growing and selling quality organic food and farm products.

### 2011 GROWING PARTNER EMPLOYMENT APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

How did you hear about *Left Foot Organics*? \_\_\_\_\_

#### EDUCATION

HIGH SCHOOL \_\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_

#### PREVIOUS EMPLOYMENT/VOLUNTEER EXPERIENCE

1. EMPLOYER \_\_\_\_\_ DATES \_\_\_\_\_

POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ DATES \_\_\_\_\_

POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

#### INCOME INFORMATION

What was your household's annual income in 2010 (be prepared to provide documentation)? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ Are you in Foster Care? Yes \_\_\_\_\_ No \_\_\_\_\_



**REFERENCES**

For the protection of the individuals with developmental disabilities that we serve, we investigate the criminal conviction history of all employees and volunteers. Any records received will be kept confidential and made available to you for your inspection. Please supply the following information to facilitate this inquiry:

Birth date (mm/dd/yy): \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list two references (no immediate family members) whom we may contact, at least one of whom has served in a supervisory capacity (for example: employer, teacher, counselor, youth group leader).

1. NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

2. NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

1. EMERGENCY CONTACT \_\_\_\_\_ PHONE (cell, home, work) \_\_\_\_\_  
(cell, home, work) \_\_\_\_\_ (cell, home, work) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. EMERGENCY CONTACT \_\_\_\_\_ PHONE (cell, home, work) \_\_\_\_\_  
(cell, home, work) \_\_\_\_\_ (cell, home, work) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Please initial the following statements:

- \_\_\_ I understand I am responsible for transportation to and from Left Foot Organics.
- \_\_\_ I understand employment includes: Saturday mornings beginning in April, and Tues-Sat beginning July 5 through Aug 26, and I am willing to commit to this schedule.
- \_\_\_ I understand that interviews for employment will be on Saturday, March 26, 2011.

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I UNDERSTAND THE NATURE OF THE PROGRAM TO WHICH I AM APPLYING, AND CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. I UNDERSTAND FURTHER THAT, IF OFFERED A POSITION, MY EMPLOYMENT IS CONDITIONAL PENDING THE OUTCOME OF A CRIMINAL BACKGROUND INVESTIGATION AND THAT MY FIRST 40 WORK HOURS WILL BE SERVED ON A PROBATIONARY BASIS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF Guardian (if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

Left Foot Organics is an equal opportunity employer. Advocating and educating about diversity are at the core of our mission. People with disabilities and others from disadvantaged or oppressed communities are encouraged to apply.

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