

11901 E. Palmer Divide Larkspur, CO 80118 303-660-1196 Fax 303-660-1285

Personal Information				
Full Name:				Phone:
Address:				,
City, State, Zip:				
Social Security #:	Date	e of Birth:		Marital Status: Married or Single
Desired Position				
Title of Position:		Are you currently employed?		
Desired Wage:		May we contact your employer? If so, provide supervisor's name and phone.		
Date available to start:		<u> </u>		
Whom shall we contact	t in case of	emergency?		
Name of person to contact:			Phone:	
Address:		Alternate Pho		one:
If we cannot reach the	person abo	ve, whom sh	ould we call?	
Name of person to contact:		,	Phone:	
Address:		Alternate Phone:		one:
Consider wearing a med that should be made kn	own to eme	ergency perso	onnel.	lical conditions or allergies to medication
	PI	ease keep thi	is information	current!
Office Use Only:				
Date of Hire:				
Wage:				



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Medical Authorization

By signing below I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to Dutch Heritage Gardens. Inc. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

Payroll Deduction Authorization

By signing below I authorize deductions when applicable to be made out of my paycheck for tools, health insurance, errors in payroll, overpayments and any other work related deductions.

In signing below, I acknowledge the above listed policies and conditions of employment with Dutch Heritage Gardens. Inc. I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

Overtime Exemption

According to **FLSA – 29 CFR Part 708:** Dutch Heritage Gardens falls under the agricultural exemption rule and is therefore exempt from being required to pay employees overtime for work in excess of 40 hours per week.

By signing below I acknowledge that my employment with Dutch Heritage Gardens. Inc. will be paid as "straight pay" for all my hours worked.

Policies and Authorization

Initialing of the following area verifies that the above named individual has received a copy of Dutch Heritage Gardens, Inc.'s policies, has read, fully understands, and agrees to adhere to these policies incorporated herein and made a part of the employment application process.

I have received, read, and understand Dutch Heritage Gardens, Inc.'s Accident / Injury Pro	cedures.
I have received, read, and understand Dutch Heritage Gardens, Inc.'s Substance Abuse Po	licy.
I have received, read, and understand Dutch Heritage Gardens, Inc.'s Overtime Exemption	ı clause.



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Applicant's Signature

Date of Application