



EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: OrganicLife, LLC
 Address: 435 W. Erie St., Ste 104
 City/State/ZIP: Chicago, Illinois 60654
 Telephone: (312) 929-2005

It is the policy of OrganicLife, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

2. Applicant Information

Applicant Full Name: _____
 Home Address: _____
 City/State/ZIP: _____
 Number of years at this address: _____
 Daytime phone: _____ Evening phone: _____
 Mobile phone: _____
 Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?
 Contact Name: _____
 Relationship to you: _____
 Address: _____
 City/State/ZIP: _____
 Daytime phone: _____ Evening phone: _____

4. Job Position Applied For: _____

Full or Part Time? _____

5. Salary Desired: \$ _____



6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes: please list them here:

7. Have you applied to our company previously? Yes No

If yes, when? _____

8. Are you at least 18 years old? Yes No

9. If you are offered employment, when would you be available to begin work?

10. If hired, are you able to submit proof that you are legally eligible for employment in the United States?

Yes No

11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request?

12. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____



13. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? ____ Yes ____ No If yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? ____ Yes ____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Organic Life, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Organic Life, LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS:

APPLICANT SIGNATURE

Date