

Name \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

*An  
Equal  
Opportunity  
Employer*

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, sex (including gender identity and sexual orientation), marital status, religion, age, national origin, genetic information, citizenship status, pregnancy and related medical conditions, physical or mental disability, or past, present, or future service in the Uniformed Services of the United States, or any other basis prohibited by local, state, or federal law. The use of this form does not mean there are positions open and does not obligate us in any way.

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**PERSONAL INFORMATION**

Name (Print) \_\_\_\_\_ Home or Nearest Phone \_\_\_\_\_  
 Present Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip) Email \_\_\_\_\_  
 Contact in Case of Emergency \_\_\_\_\_ (Name) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

If at present address less than one year, please give previous address \_\_\_\_\_  
 Are you at least 18 years of age?  Yes  No (Employment is subject to verification of minimum legal age.)  
 Can you produce documented proof of your identity and eligibility for employment in the United States?  Yes  No  
 (Examples: driver's license, Social Security card, birth certificate, and / or immigration documents)

Position(s) applied for \_\_\_\_\_ How soon could you report to work? \_\_\_\_\_  
 Type of employment desired  Full-Time  Part-Time  Temporary Rate of pay expected \_\_\_\_\_  
 What days and hours, if part-time? Days \_\_\_\_\_ Hours \_\_\_\_\_  
 From ( ) AM to ( ) PM

### EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before?  Yes  No Have you ever worked for us before?  Yes  No  
 How did you come to apply?  Employee Referral  Former Employee  Newspaper Ad  High School Recruitment  
 College Recruitment  Walk-In  Other \_\_\_\_\_  
 Have you ever been bonded?  Yes  No Have you ever been refused a bond  Yes  No  
 If yes, state reason and date \_\_\_\_\_  
 Have you ever been convicted of a violation of the law except simple possession of marijuana or a minor traffic violation?  Yes  No  
 If yes, state date, court, and place where offense occurred \_\_\_\_\_  
 (A conviction will not necessarily disqualify you from employment)  
 Have you ever been discharged or requested to resign from a position?  Yes  No  
 Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No  
 Have you ever held a position of trust (handling money or confidential material)?  Yes  No  
 If yes, describe \_\_\_\_\_  
 Do you have any reason to believe that you would have difficulty meeting this company's work schedules?  Yes  No  
 Are you able to perform the essential functions of the position applied for, with or without reasonable accommodations?  Yes  No

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)**

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. \_\_\_\_\_

**REFERENCES**

**(Do not list relatives or former employers)**

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**Job Applicant's Agreement and Certification**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for 60 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Submit completed forms to Savannah Webb at [swebb@theoldefarm.com](mailto:swebb@theoldefarm.com) or fax to (276) 258-6382