

APPLICATION FOR EMPLOYMENT

Today's Date _____



APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, genetic information or any other status protected by law.

COMPLETE ALL QUESTIONS - PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last)		First	Middle	Social Security Number
LIST ANY OTHER NAMES used in past 7 years.				
HOME ADDRESS (Number & Street)			City	State ZIP
Home Phone (with area code)		Daytime Phone (with area code)		Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years At Current Address.	If less than 7 years, list all other cities and states in which you lived during the past 7 years.			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)		
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, in what year?				
Have you previously been employed by Pinicon Farm ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting and Ending Dates of Employment		
IF YES, complete information below.				
Position(s) Held		Reason for Leaving		
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.				
Name	Relation	Job Title	Location	

POSITION

Position Desired	Salary Expected \$ _____ Month	What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?		Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?		May we contact your current employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Copies to:

- Master Job File
- Employee File, if hired

APPLICANT NAME _____

DATE _____

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
2ND PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
3RD PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
4TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
5TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	

MILITARY SERVICE (Complete if you have served in the US Military. A copy of your DD214 may be needed for verification.)

<i>Branch</i>	<i>Final Base, City & State where assigned</i>	<i>Date Entered</i>	<i>Date Discharged</i>	<i>Rank and Position at Discharge</i>
<i>Name and Title of Supervisor</i>			<i>Phone No. (with area code)</i>	

APPLICANT NAME _____

DATE _____

EDUCATION (If degree was received under a different name, please include.)

<i>School</i>	<i>Name of School - Street Address, City & State</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>					
<i>College</i>					
<i>Other, including GED</i>					

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.

Languages in which you are fluent other than English.

List additional relevant skills or abilities.

PROFESSIONAL REFERENCES (List individuals familiar with your work; do not include relatives.)

<i>Name</i>	<i>City & State</i>	<i>Phone (Preferably Day Time)</i>	<i>Occupation</i>

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentations or omission of information of facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

To submit the application, email Danni at: daniellec@piniconfarm.com and attach this PDF