

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION										
LAST NAME			FIRST NAME		MIDDLE		APPLICATION DATE			
MAII	ING ADDRESS		CITY		STATE/ZIP CODE		TELEPH	IONE NU	JMBER	
ARE AGE	YOU OVER 16 YE	ARS OF	YES	NO 🗆	ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?)	YES		NO	
E	MPLOY	MEN	IT DES	IRED		_				
POSI	TION APPLIED FOR				ARE YOU CURRENTLY EMPLOYED		YES		NO	
DATE TO START			SALARY DESIRED		MAY WE CONTACT YOUR PRESENT EMPLOYER?		YES		NO	
HAVE YOU APPLIED TO THIS COMPANY BEFORE? INDICATE, WHERE AND WHEN DO YOU HAVE RELITIVES EMPLOYED WITH THIS COMPANY? IF SO, WHO										D, WHO
	U HAVE EVER WORK N AND THE POSITION		OMPANY BEFORE F	TYPE OF EMPLOYMENT (FULL, PA TEMPORARY OR SEASONAL)	ART,	SHIFT OR HOURS PREFERRED.				
PLEA	SE LIST ANY SPECIAL	SKILLS, EXPER	EINCE, OR QUALIFI	CATIONS RELATED TO	HE POSITION(S) APPLIED FOR.	•				
PREVIOUS EMPLOYMENT LIST MOST RECENT EMPLOYMENT FIRST										
1	FROM: TO:	NAME AND	LOCATION		POSITION		REASON FOR LEAVING			
2	FROM:	NAME AND	LOCATION		POSITION		REASO	N FOR LE	EAVING	
	TO: FROM:	NAME AND	LOCATION		POSITION		REASO	N FOR LE	EAVING	
3	TO:									
4	FROM:	NAME AND	LOCATION		POSITION		REASO	N FOR LE	EAVING	
<u> </u>	TO:									
PLEA	SE EXPLAIN IN GAP IN	N EMPLOYMEN	IT HISTORY LISTED	ABOVE						

Revised January 2018

PLEASE TURN TO THE OTHER SIDE

HIGH SCHOOL	DID YOU GRADUATE? YES NO	
	DID YOU GRADUATE? YES NO	-
COLLEGE		
COLLEGE		
331131	DID YOU GRADUATE? YES □ NO □	-
	DID YOU GRADUATE? YES NO	
ADE, BUSINESS, OR CATIONAL SCHOOL		
	DID YOU GRADUATE? YES \(\Boxed{\text{NO}} \\ \Dagger{\text{NO}} \	
FRSONAI	REFERECENCES	Please list 3 non-relatives whom
NAME AND ADDRESS		you have known for at least 1 year PHONE
NAME AND ADDRESS		PHONE
NAME AND ADDRESS		PHONE
ASE OF EMERGENCY	NOTIEY:	<u> </u>
WHICH PROHIBIT DISCI	TS: IN EQUAL OPPORTUNITY FOR EMPLOYMENT WITH THIS RIMINATION IN EMPLOYMENT. THE COMPANY EXERCISIONS THE EMPLOYMENT RELATIONSHIP.	
yment of for the providerantee is binding upon the leration has been furnishers and agree that tr	FY THAT: tained in this application or in the granting of an intervieng of any benefit. No promises regarding employment have Company unless made in writing by the CEO. If an end to the Company for my employment other than my ansportation to and from work is my responsibility. If I I company before employment begins.	nave been made to me, and I understand that no suc employment relationship is established, I acknowledg services.
nswers which I have give	ay be required to work on nay day of the calendar week n herein are true and complete. I authorize the Compan y in arriving at an employment decision.	
yment may be necessar		ed physical examination or a test for drug depender

Stanislaus Farm Supply

Employment Application

Confidential

Please return to Lupe/HR upon receipt

Received by HR:		Date:	
_	Initial		
To:		Date:	
Forward to:		Date:	