

ATKINS FARMS
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____

PRESENT ADDRESS _____ TOWN _____ STATE _____ ZIP _____

PERMANENT ADDRESS _____ TOWN _____ STATE _____ ZIP _____

CELL NUMBER _____ HOME PHONE NUMBER _____

EMAIL _____

ARE YOU APPLYING FOR FULL-TIME EMPLOYMENT _____ OR PART-TIME EMPLOYMENT _____

HOURS AVAILABLE: MON _____ TUES _____ WED _____ THUR _____ FRI _____ SAT _____ SUN _____

TYPE OF WORK DESIRED: 1. _____ 2. _____

EXPERIENCE IN RELATION TO WORK DESIRED/SPECIAL SKILLS & QUALIFICATIONS:

DO YOU HAVE TRANSPORTATION? _____ DATE AVAILABLE TO START WORK? _____

SALARY EXPECTED _____ ARE YOU A CITIZEN OF THE U.S.: _____

WHERE DID YOU HEAR ABOUT THE POSITION? NEWSPAPER _____ FRIEND _____ EMPLOYMENT SERVICE _____ OTHER _____

MM/YYY FORMAT or EXPECTED COMPLETION DATE

EDUCATION

HIGH SCHOOL _____ DATE COMPLETED _____

COLLEGE _____ DATE COMPLETED _____

PREVIOUS EMPLOYERS

1. LAST EMPLOYER	ADDRESS	PHONE NUMBER
SUPERVISOR	WORKED PERFORMED	DATES OF EMPLOYMENT
		REASON FOR LEAVING
2. PRIOR EMPLOYER	ADDRESS	PHONE NUMBER
SUPERVISOR	WORKED PERFORMED	DATES OF EMPLOYMENT
		REASON FOR LEAVING
3. PRIOR EMPLOYER	ADDRESS	PHONE NUMBER
SUPERVISOR	WORKED PERFORMED	DATES OF EMPLOYMENT
		REASON FOR LEAVING

PERSONAL REFERENCES

(DO NOT GIVE RELATIVES)

1. NAME	OCCUPATION
ADDRESS	PHONE NUMBER
2. NAME	OCCUPATION
ADDRESS	PHONE NUMBER

EMERGENCY INFORMATION

IN CASE OF EMERGENCY WHOM SHOULD WE CONTACT?

NAME	RELATIONSHIP	
ADDRESS	HOME PHONE	WORK PHONE

IT IS REQUIRED BY LAW THAT ANYONE UNDER THE AGE OF 18 MUST HAVE A WORK PERMIT

DO YOU REQUIRE A WORK PERMIT? YES _____ NO _____ CHECK IF UNDER 14 _____

WORK PERMITS MUST BE PRESENTED TO SUPERVISOR ON OR BEFORE YOUR FIRST DAY OF EMPLOYMENT. DO NOT OBTAIN A WORK PERMIT BEFORE YOU HAVE BEEN HIRED!

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I ALSO UNDERSTAND THAT THESE ARE THE RULES OF THE COMPANY.

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION IS NOT A BINDING CONTRACT OF EMPLOYMENT. ANY INDIVIDUAL WHO IS HIRED MAY VONUNTARILY LEAVE EMPLOYMENT UPON PROPER NOTICE, AND MAY BE TERMINATED BY THE EMPLOYER AT ANY TIME FOR ANY REASON. I UNDERSTAND THAT ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY ARE HEREBY EXPRESSLY DISAVOWED.

DATE _____ SIGNATURE _____

CONTACTING PREVIOUS EMPLOYERS

WE MAY CONTACT THE EMPLOYERS LISTED ON THIS APPLICATION UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT

EMPLOYER NUMBER(S) _____ REASON _____

APPLICANTS APPLYING FOR DRIVING POSITIONS

WE MAY INQUIRE ABOUT YOUR DRIVING RECORD WITH THE REGISTRY OF MOTOR VEHICLES UNLESS YOU DO NOT GIVE YOUR CONCENT. PLEASE SIGN BELOW INDICATING THAT YOU GIVE YOUR CONCENT.

SIGNATURE _____ DATE _____