

EMPLOYMENT APPLICATION

VARIOUS FEDERAL, STATE, AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. CARROLL FARMS IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

PERSONAL INFORMATION

DATE OF APPLICATION / /

Name (Last) _____ (First) _____ (Middle) _____	
Home Address _____ City _____ State _____ Zip _____	
Home Telephone _____ Other Telephone _____	Best time to call: _____
Position Applying For: _____ Date Available: _____	How did you hear about us? <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Website <input type="checkbox"/> Job Fair <input type="checkbox"/> Farm employee Name: _____ <input type="checkbox"/> Other _____
Are you interested in (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Days available to work Time: _____ Days: _____

EDUCATION

Type of School	Name and Location of School	Degree/Area Of Study	Number of Years Attended	Graduated (Check One)
High School				Yes No
College				Yes No
Graduate School				Yes No
Other				Yes No

LEGAL

Are you a U.S. citizen? Yes No
 If no, do you have legal right and necessary documents to work in the U.S.? Yes No
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Did any company ever discharge you? Yes No
 If yes, give name of company(ies) _____
 Reason for discharge _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If yes, please explain offense and final disposition. _____

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attended

EMPLOYMENT HISTORY

Dates	Name, Address, and Phone of Employer	Job Title and Supervisor	Major Duties	Salary or Wages	Reason for Leaving
From _____ M /D/ Y		Job Title		Starting	
To _____ M /D/ Y		Supervisor		Final	
From _____ M /D/ Y		Job Title		Starting	
To _____ M /D/ Y		Supervisor		Final	
From _____ M /D/ Y		Job Title		Starting	
To _____ M /D/ Y		Supervisor		Final	

REFERENCES

Business References: (do not list relatives, please indicate if you were employed under a different name)


Name	Address	Work Phone Number	Title	Years Known

Please read carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and/or criminal history. I authorize anyone possessing this information to furnish it to the interested party and/or a 3rd party company upon request and I release anyone so authorized. The company and any 3rd party company is released from all liability and damages whatsoever in furnishing, obtaining, or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations.

I understand and agree that if employed the employment will be at will. I understand that my employer or I may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

By Submitting this Application Electronically, it acts as my signature approval  _____ DATE _____