

Application for Employment

Equal Opportunity Employer
Drug Free Workplace
M/F/D/V



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

POSITION APPLIED FOR _____ **DATE** _____

PERSONAL INFORMATION:

_____	_____	_____	_____
Last Name	Middle	First Name	Social Security Number
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
Home Telephone	Cell-phone	Other	Email Address

GENERAL INFORMATION:

Do you have any relative or friends presently employed with the Company? YES NO
If Yes, Name of Relative: _____

Have you ever worked for the Company before? YES NO
If Yes, Where and Approximate Date: Month/Year: _____

Have you ever filed an application with the Company Previously? YES NO
If Yes, Where and Approximate Date: Month/Year: _____

How were you referred? _____

If you are under Age 18: Not Applicable
You must be at least 16 years of age to work for Clover Stornetta Farms, Inc
Can you provide required proof of your eligibility to Work? YES NO

Upon employment, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States? YES NO

Have you ever been convicted of a crime or violation other than a minor traffic infraction that did not result in a conviction? YES NO
(Note: A conviction record will not necessarily be a bar for employment consideration.)
If Yes, Please Explain: _____

Have you ever been discharged from any employment or asked to resign? YES NO
If Yes, Please Explain: _____

Date Available for Work? _____ Desired Salary? _____

Are you Available: Full-Time Part-Time Seasonal
(Check all that Apply) Days Swing Nights

EDUCATION:

	Name and Address	Years Completed	Major	Diploma/Degree
High School		1 2 3 4		
Business/Trade School		1 2 3 4		
College		1 2 3 4		
Graduate/Professional		1 2 3 4		

EMPLOYMENT HISTORY: Begin with your most recent Employment including any gaps of employment. Do not say, "Refer to Resume". (Attach additional sheets if necessary)

Current Employer or Status:
 Dates Employed: _____ From: _____ To: _____
 Name Of Company: _____
 Address, City, State, Zip: _____
 Telephone: _____
 Job Titles: _____ Last Salary: _____ Supervisor: _____
 Job Responsibilities: _____
 Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
 Name Of Company: _____
 Address, City, State, Zip: _____
 Telephone: _____
 Job Titles: _____ Last Salary: _____ Supervisor: _____
 Job Responsibilities: _____
 Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
 Name Of Company: _____
 Address, City, State, Zip: _____
 Telephone: _____
 Job Titles: _____ Last Salary: _____ Supervisor: _____
 Job Responsibilities: _____
 Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
 Name Of Company: _____
 Address, City, State, Zip: _____
 Telephone: _____
 Job Titles: _____ Last Salary: _____ Supervisor: _____
 Job Responsibilities: _____
 Reason for Leaving: _____

NOTIFICATION AND AGREEMENT:

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to Human Resources Representative before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application (which may include background criminal felony and misdemeanor checks, DMV, previous employment, Education, and personal references). I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

FOR HUMAN RESOURCES ONLY:

Date Received: