

APPLICATION FOR EMPLOYMENT

FAIR OAKS
FARMS™



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Position(s) applied for: _____ Date: ___ / ___ / ___

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Application Information

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe: _____

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

Are you legally eligible for employment in the U.S.? Yes No

(Documents required to complete I-9 document)

Have you ever been convicted of a crime that has not been expunged or sealed by a court? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places.

(NOTE: The existence of a criminal record does not constitute an automatic bar to employment.)

List any special skill or training: _____

Are you of legal age to serve alcoholic beverages? Yes No

If yes, can you provide documentation? Yes No

We do not permit smoking while on duty. Are you willing to comply? Yes No

We do not tolerate the use of illegal drugs or alcohol by employees before or during work.

Are you willing to comply? Yes No

Being on your feet for 6-8 hours at a time is essential to perform functions of this job.

Are you willing and able to comply? Yes No

If the answer is no, please identify any accommodation(s) that would permit you to perform this essential function:

Employment Information

Are you seeking full time, part time, or temporary employment? _____

What hours and shift(s) would you prefer to work? _____

List times you are not available to work? _____

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for us before? Yes No

If yes, when & under what name: _____

List any friends or relatives employed by us: _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please describe: _____

Education(circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 Graduate

Name of School: _____ Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes No

If yes, identify program and school: _____

Work History (please begin with most recent)

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

For references purposes:

Have you worked for any of these organizations or attended school under a different name? Yes No

If yes, give name and organization(s): _____

May we contact the employers listed above? Yes No

If no, list the employers you do not wish us to contact and why: _____

Authorizations & At-Will Employment Agreement *(Please read carefully, then sign and date below)*

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify you if information on this application changes while my job application is pending or during my employment, if hired.

I authorize you to make an investigation of all information contained in this employment application and I release anyone supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to you and hereby release my current and former employers from liability for providing information to you. Upon termination of my employment for whatever reason, I authorize you to provide and release you from all liability for supplying any information concerning my employment to any potential employer.

I hereby agree to submit to any drug test required of me, whether prior to my employment or during employment if I am employed by you. I hereby authorize the limited release and exchanges of such medical information relating to my condition between the treatment provider and your designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between you and me. In addition, I understand and agree that if you employ me, my employment will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I have read, understand, and agree to the above.

Signature: _____

Date: _____ / _____ / _____

Name: _____

(please print)

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