

APPLICATION FOR EMPLOYMENT



Homestead
FAMILY FARMS

Today's Date _____

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last)		First	Middle	Preferred Name
LIST ANY OTHER NAMES used in past 7 years.				
HOME ADDRESS (Number & Street)			City	State
Primary Phone (with area code)			Alternate Phone (with area code)	Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years At Current Address.	If less than 7 years, list all other cities and states in which you lived during the past 7 years.			
EMAIL ADDRESS:			Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of eligibility will be required upon employment.)</i>	
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Homestead Family Farm , previously? <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>IF YES, complete next three questions.</i>			Starting and Ending Dates of Employment	
Position(s) Held			Reason for Leaving	
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, complete information below.</i>				
Name	Relation	Job Title	Location	

POSITION

Position Desired	Salary Expected \$ _____ Month	What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, any restrictions?</i>		Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, any restrictions?</i>		May we contact your current employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

APPLICANT NAME _____

DATE _____

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
2ND PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
3RD PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
4TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
5TH PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	

MILITARY SERVICE (Complete if you have served in the US Military. A copy of your DD214 may be needed for verification.)

<i>Branch</i>	<i>Final Base, City & State where assigned</i>	<i>Date Entered</i>	<i>Date Discharged</i>	<i>Rank and Position at Discharge</i>
<i>Name and Title of Supervisor</i>			<i>Phone Number (with area code)</i>	
<i>List service schools or special relevant experience.</i>				

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APPLICANT NAME _____

DATE _____

EDUCATION (If degree was received under a different name, please include.)

<i>School</i>	<i>Name of School - Street Address, City & State</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>					
<i>College</i>					
<i>Other, including GED</i>					

ADDITIONAL QUALIFICATIONS

<i>Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.</i>
<i>Languages in which you are fluent other than English.</i>
<i>List additional relevant skills or abilities.</i>

PROFESSIONAL REFERENCES (List individuals familiar with your work; do not include relatives.)

<i>Name</i>	<i>City & State</i>	<i>Phone (Preferably Day Time)</i>	<i>Occupation</i>

I certify that I have read and understand the "Applicant Note" on Page One of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I release all parties from any liability for damage that may result from furnishing this information to you.

By my signature on this application, I acknowledge that the company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged.

APPLICANT'S SIGNATURE	DATE
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