



# Farmers Association Greenbrier Location



## APPLICATION FOR EMPLOYMENT

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

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend <input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
_____		
Address	Number	Street
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Telephone Number (s)	Home	Cell
_____	_____	_____

If you are under 18 years of age, can you provide required  
Proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

☐ Yes ☐ No  
If yes, give date \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country  
because of Visa or Immigration Statute?

*Proof of citizenship or immigration status will be required upon employment.*

☐ Yes ☐ No

On what date would you be available for work?

\_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job required it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 Years?

☐ Yes ☐ No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

INDICATE ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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## EMPLOYMENT EXPERIENCE

Start with you present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates	Employed	Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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<b><u>SPECIALIZED SKILLS</u></b>		<b>Check Skills/Equipment Operated</b>	
		<b>Production Mach.</b>	<b>Other (list)</b>
<input type="checkbox"/> Computer	<input type="checkbox"/> Fax	<input type="checkbox"/> Forklift	<input type="checkbox"/> CDL (Class A or B)
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	<input type="checkbox"/> Shrink wrap Mach.	_____
<input type="checkbox"/> Cash Register	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Internet	<input type="checkbox"/> Email	_____	_____

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)

3. \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)

## APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview    ☐ Yes    ☐ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed    ☐ Yes    ☐ No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date