Stanislaus FARM SUPPLY
www.farmsupply.coop

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	APPLICATION DATE
MAILING ADDRESS	CITY	STATE/ZIP CODE	TELEPHONE NUMBER

ARE YOU OVER 16 YEARS OF AGE?	YES ☐ NO ☐	ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?	YES ☐ NO ☐

EMPLOYMENT DESIRED

POSITION APPLIED FOR		ARE YOU CURRENTLY EMPLOYED?	YES ☐ NO ☐
DATE TO START	SALARY DESIRED	MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES ☐ NO ☐
HAVE YOU APPLIED TO THIS COMPANY BEFORE? INDICATE, WHERE AND WHEN		DO YOU HAVE RELITIVES EMPLOYED WITH THIS COMPANY? IF SO, WHO	

IF YOU HAVE EVER WORKED FOR THE COMPANY BEFORE PLEASE INDICATE WHEN AND THE POSITION HELD.	TYPE OF EMPLOYMENT (FULL, PART, TEMPORARY OR SEASONAL)	SHIFT OR HOURS PREFERRED.

PLEASE LIST ANY SPECIAL SKILLS, EXPEREINCE, OR QUALIFICATIONS RELATED TO THE POSITION(S) APPLIED FOR.

PREVIOUS EMPLOYMENT

LIST MOST RECENT EMPLOYMENT FIRST

1	FROM: TO:	NAME AND LOCATION	POSITION	SALARY	REASON FOR LEAVING
2	FROM: TO:	NAME AND LOCATION	POSITION	SALARY	REASON FOR LEAVING
3	FROM: TO:	NAME AND LOCATION	POSITION	SALARY	REASON FOR LEAVING
4	FROM: TO:	NAME AND LOCATION	POSITION	SALARY	REASON FOR LEAVING

PLEASE EXPLAIN IN GAP IN EMPLOYMENT HISTORY LISTED ABOVE

LAST NAME

FIRST NAME

PLEASE TURN TO THE OTHER SIDE

EDUCATIONAL HISTORY

SCHOOL LEVEL	NAME AND LOCATION	SUBJECTS STUDIED / MAJOR
HIGH SCHOOL		
	DID YOU GRADUATE? YES ☐ NO ☐	
COLLEGE		
	DID YOU GRADUATE? YES ☐ NO ☐	
TRADE, BUSINESS, OR VOCATIONAL SCHOOL		
	DID YOU GRADUATE? YES ☐ NO ☐	

LAST NAME

FIRST NAME

PERSONAL REFERECENCES

Please list 3 non-relatives whom you have known for at least 1 year

1	NAME AND ADDRESS	PHONE
2	NAME AND ADDRESS	PHONE
3	NAME AND ADDRESS	PHONE
IN CASE OF EMERGENCY NOTIFY:		
NAME AND ADDRESS		PHONE:

NOTICE TO APPLICANTS:

APPLICANTS ARE PROVIDED AN EQUAL OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY. THE COMPANY COMPLIES WITH ALL APPLICABLE LAWS WHICH PROHIBIT DISCRIMINATION IN EMPLOYMENT. THE COMPANY EXERCISES EQUAL EMPLOYMENT PRINCIPLES AS TO ALL PERSONS IN ALL OF ITS DECISIONS AFFECTING THE EMPLOYMENT RELATIONSHIP.

I, THE APPLICANT, CERTIFY THAT:

I understand that nothing contained in this application or in the granting of an interview creates a contract between the Company and me for either employment of for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise of guarantee is binding upon the Company unless made in writing by the CEO. If an employment relationship is established, I acknowledge that no consideration has been furnished to the Company for my employment other than my services.

I understand and agree that transportation to and from work is my responsibility. If I have any reason to believe that I will have difficulty in meeting this condition I will inform the company before employment begins.

I understand that, if hired, I may be required to work on nay day of the calendar week and to work overtime upon the request of the company.
The answers which I have given herein are true and complete. I authorize the Company to investigate all statements contained in this application for employment may be necessary in arriving at an employment decision.

I understand that employment may be made contingent on my passing a job related physical examination or a test for drug dependency at the expense of the Company. I understand that I may be required, if hired, to submit proof of my legal right to work in the United States. I understand that I may be immediately discharged for having given false or misleading information in my application or interview(s). I understand that I am required to obey all rules and policies of the Company. I understand and agree that, if hired, my employment would not be for a definite period but would be at-will and that regardless of the date of payment of wages or salary, my employment could be terminated at any time without any previous notice. I understand that no Manager or representative of the Company other than the CEO has the authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

Signature : _____ Date: _____

Stanislaus Farm Supply

Employment Application

Confidential

Please return to
Linda / HR
upon receipt

Received by HR: _____ Date: _____
Initial

To: _____ Date: _____

Forward to: _____ Date: _____