

SHAW ORCHARDS – APPLICATION FOR EMPLOYMENT

PERSONAL	
Last Name:	First Name:
Current Address:	How long have you lived there?
Telephone:	Email (optional):
How did you hear about us?	

GENERAL INFORMATION					
If you are under 18, please provide your age:	If under age 18, can you supply “working papers?” <input type="checkbox"/> YES <input type="checkbox"/> NO				
Only US Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Date Available for Work:	Work hour preference: <input type="checkbox"/> Full Time (approx. 40 hr per week) <input type="checkbox"/> Part Time If part time, how many hours would you like to work each week? _____ What conflicts do you have?				
Do you plan to be unavailable for more than a week this summer?					
Please list your availability each day of our work week:					
Mon	Tues	Wed	Thur	Fri	Sat

Today's Date: _____

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EMPLOYMENT HISTORY						
BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)						
1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING
	NAME OF COMPANY	MO.	YR.	\$		
	ADDRESS	TO		ENDING SALARY		
	CITY, STATE, ZIP	MO.	YR.	\$		
	PHONE NO.	TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING
	NAME OF COMPANY	MO.	YR.	\$		
	ADDRESS	TO		ENDING SALARY		
	CITY, STATE, ZIP	MO.	YR.	\$		
	PHONE NO.	TYPE OF BUSINESS				NAME & TITLE OF IMMEDIATE SUPERVISOR
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION					
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS, TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications including licenses and certifications, which you believe should be considered in evaluating your qualifications for employment.
Please indicate any prior military service which you would like considered in connection with your application for employment.

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BUSINESS REFERENCES		
1	NAME	OCCUPATION BUSINESS PHONE ()
HOME ADDRESS HOME PHONE ()		TITLE RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
HOME ADDRESS HOME PHONE ()		TITLE RELATIONSHIP
CITY AND STATE (ZIP)		HOW LONG KNOWN

NOTIFICATION AND AGREEMENT
PLEASE READ BEFORE SIGNING
<p>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.</p> <p>Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.</p> <p>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, any and other characteristic protected by Federal, State or Local law.</p> <p>I authorize the investigation of all statements and information contained in this application. 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.</p> <p>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 President or Executive Vice President, or to make any agreement contrary to the foregoing.</p> <p>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.</p> <p>APPLICANT SIGNATURE _____ DATE _____</p>

Today's Date: _____