

# High Bottom Farm Employment Application

## GENERAL INFORMATION

Name (Last)	(First)	(Middle)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## POSITION

Position Applied For	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Full Or Part-time	Days And Hours Available To Work			
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mon		Thu	
		Tue		Fri	
Salary Desired		Date Available To Start			

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed					
<b>High School, College, Business School, Military (Most recent first)</b>					
Name and Location	Dates Attended Month/Year	Number of Years Completed	Graduate	Major & Degree	
	From		<input type="checkbox"/> Yes		
	To		<input type="checkbox"/> No		
	From		<input type="checkbox"/> Yes		
	To		<input type="checkbox"/> No		
	From		<input type="checkbox"/> Yes		
	To		<input type="checkbox"/> No		
	From		<input type="checkbox"/> Yes		
	To		<input type="checkbox"/> No		
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>	<b>Where Issued</b>		<b>Expiration Date</b>
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## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## CRIMINAL HISTORY

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were committed, sentence(s) imposed and type(s) of rehabilitation.

## DRIVERS LICENSE INFORMATION

Do you have a driver's license?  Yes  No

What is your means of transportation to work?

Driver's license number:

State of issue:

Operator  Commercial (CDL)  Chauffeur

Expiration Date:

Have you had any accidents during the past three years?  Yes  No

How many?

Have you had any moving violations during the past three years?  Yes  No

How many?

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

## REFERENCES

Please list three references below

Name:

Position:

Company:

Address:

Telephone ( ) -

Name:

Position:

Company:

Address:

Telephone ( ) -

Name:

Position:

Company:

Address:

Telephone ( ) -

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

I understand that, in connection with the processing of this employment application, High Bottom Farm may request from a consumer reporting agency an investigative consumer report including information as to credit records, motor vehicle records, and criminal background.

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