

# Council Farms, LLC.

## Employment Application

Please Write Legibly

Council Farms, LLC. is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, age, disability, religion, or national origin. All opportunities with this Company depend solely on your qualifications.

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I can receive text messages at this number:  YES  NO

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO

Have you been convicted of a crime?  YES  NO / If YES, explain: \_\_\_\_\_

Do you have a valid driver's license?  YES  NO / If YES, what state: \_\_\_\_\_

Were you referred?  YES  NO / If YES, by who: \_\_\_\_\_

### EDUCATION and SKILLS

High School: \_\_\_\_\_ Mark highest grade level completed; or if you are a student then mark your current grade level:

9TH  10TH  11TH  12TH

College: \_\_\_\_\_ Mark highest grade level completed; or if you are a student then mark your current grade level:

FRESHMAN  SOPHMORE  JUNIOR  SENIOR  
 ASSOCIATES  BACHELORS  MASTERS  DOCTORATE

Programs of Study: \_\_\_\_\_

List any skills or experience that may be helpful to us: *(First Aid, CPR, Tractor Driving, Food Service, Membership Organizations, Volunteer Service, Club, Sports, etc.)*

What are your hobbies? \_\_\_\_\_

### PERSONAL REFERENCES

List three personal references *(All must be over the age of 18 and non-relatives.):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name:	Phone:	Relationship:
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**EMPLOYMENT HISTORY - PROFESSIONAL REFERENCES** (IF NONE, PLEASE WRITE N/A)

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Reason for leaving:			
Duties & Responsibilities:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Wage: \$	Ending Wage: \$	
Reason for leaving:			
Duties & Responsibilities:			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**AVAILABILITY** (MARK ALL THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO WORK.)

Monday	from _____ to _____	Friday	from _____ to _____
Tuesday	from _____ to _____	Saturday	from _____ to _____
Wednesday	from _____ to _____	Sunday	from _____ to _____
Thursday	from _____ to _____		

Are there any dates during the season you are unable to work:

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE POSITION/S FOR WHICH YOU APPLIED, WITH OR WITHOUT REASONABLE ACCOMMODATION? \_\_\_\_\_ IF NO, PLEASE DESCRIBE ANY TASKS WHICH YOU ARE NOT ABLE TO PERFORM WITH OR WITHOUT REASONABLE ACCOMMODATIONS (Position duties include, but not limited to: working cash register, adding and making change without cash register, lifting baskets and/or boxes of produce – up to 25lbs., creating conversation with customers, marketing products, sweeping, dusting, watering mums, working outdoors)

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 3 months. 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 change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand, also, 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 and in conjunction with any contractual arrangement. I consent to any and all job-related examinations and understand that if I am employed I will be on probationary basis for 3 months. Upon my termination I authorize the release of reference information on my work.

Applicant Signature:

Date: