



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the HR Department or the recruiting manager.

PERSONAL

PLEASE PRINT

Date _____

Name _____

Last
First
Middle

Present Address _____

Number
Street
Apt. #

Phone _____

City
State
Zip

Numbers (_____) _____ (_____) _____ (_____) _____

Home
Business
Fax

(_____) _____ E-mail: _____

Emergency Contact _____

Cell
Address

Phone _____

Numbers (_____) _____ (_____) _____ (_____) _____

Home
Cell
Business

If you worked under another last name, please indicate _____

POSITION APPLYING FOR _____ SALARY DESIRED _____

How long have you lived at present address? _____

Previous address _____

Are you over the age of 18? Yes _____ No _____ If no, hire is subject to verification that you are of minimum legal age.

Can you, after employment, submit verification of your legal right to work in the United States? Yes _____ No _____

Do you have any special skills that enhance your ability to perform the job for which you are applying?

Before you respond to the next question, please note the following. Do NOT include marijuana-related convictions that are more than two years old, do NOT include convictions that have been sealed, expunged, or eradicated, and do NOT include minor traffic violations or certain misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed.

Are you currently under arrest pending trial? Yes _____ No _____ If yes, describe how it will affect your availability for work, if at all: _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain _____

Note: Your response to the question regarding conviction will NOT necessarily disqualify you as an applicant for employment.

Have you ever applied for or worked for the Western Growers before? Yes _____ No _____ If yes, when? _____

Can you perform the essential requirements of the position you are applying for with or without reasonable accommodation?

Yes _____ No _____

(Note: The Company complies with the ADA and state law and considers reasonable accommodation[s] that may be necessary for eligible applicants and employees to perform essential functions.)

If not, what reasonable accommodation(s) would allow you to perform these job functions?

What prompted you to apply for a position with us (friend, ad, agency, etc.)?

Did a current employee of Western Growers encourage you to apply? If yes, whom? _____

When will you be available to work? _____

RECORD OF EDUCATION

School	Name and Address of School	Major/Minor	Last Year Completed	Did you Graduate?	Diploma/Degree (Optional)
High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Licenses, Certifications (Indicate types and dates received)

List your experiences, skills or qualifications you feel we should consider for work with the company.

REFERENCES

List three business/work references who are not related to you and are not previous supervisors:

Name and Occupation/Title	Company Name/Address/City/State/Zip	Telephone	Years Known
A			
B			
C			

May we contact the references/employers listed? Yes _____ No _____

If not, indicate which one(s) you do not wish us to contact _____

Are you available for work on weekend, if necessary? Yes _____ No _____

Would you be available to work overtime, if necessary? Yes _____ No _____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes _____ No _____

If yes, which language(s) _____

LIST EACH JOB HELD, STARTING WITH YOUR PRESENT OR LAST JOB

Do not omit any employers. If you have a resume, please attach to application. Also, explain any periods of unemployment on a separate page.

1 Name/Address/Telephone Number of Company	Month/Year From	Month/Year To	Annual Pay Rate Start Last	Reason for Leaving
_____ Name _____ Address _____ City/State/Zip _____ Telephone _____ Supervisor	_____ _____	_____ _____	\$ _____ \$ _____	 _____ Title of your position _____ Describe the work you did _____ _____ <input type="checkbox"/> Check box if we may contact your current employer

2 Name/Address/Telephone Number of Company	Month/Year From	Month/Year To	Annual Pay Rate Start Last	Reason for Leaving
_____ Name _____ Address _____ City/State/Zip _____ Telephone _____ Supervisor	_____ _____	_____ _____	\$ _____ \$ _____	 _____ Title of your position _____ Describe the work you did _____ _____

3 Name/Address/Telephone Number of Company	Month/Year From	Month/Year To	Annual Pay Rate Start Last	Reason for Leaving
_____ Name _____ Address _____ City/State/Zip _____ Telephone _____ Supervisor	_____ _____	_____ _____	\$ _____ \$ _____	 _____ Title of your position _____ Describe the work you did _____ _____

4 Name/Address/Telephone Number of Company	Month/Year From	Month/Year To	Annual Pay Rate Start Last	Reason for Leaving
_____ Name _____ Address _____ City/State/Zip _____ Telephone _____ Supervisor	_____ _____	_____ _____	\$ _____ \$ _____	 _____ Title of your position _____ Describe the work you did _____ _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

_____ I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

_____ I UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the Company other than the President has any authority to agree to the contrary. Further, no representative of the Company may alter the at-will nature of the employment unless it is done specifically in a written agreement signed by both of us.

_____ I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and state law.

_____ I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

_____ I represent and guarantee that I have read fully and understand the foregoing, and that I seek employment under these conditions.

_____ I certify that the information in this application (and any attachments) is true and correct to the best of my knowledge, and I agree to having these statements checked by the Company.

Date _____ Print Name _____

Applicant's Signature _____