



17620 Fitch Street | Irvine, California 92614
Phone 949.863.1000 | Fax 949.863.9028 | www.wga.com

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

Date:

Last Name First Name M.I.

Present Address (number, street, apt#)

City State Zip Code

Home Phone Cell Phone Business Phone Fax Email

How long have you been at this address? If you worked under another last name, please indicate

Previous Address (number, street, apt#)

City State Zip Code

Emergency Contact Info

Name

Address (number, street, apt#)

City State Zip Code

Home Phone Cell Phone Business Phone

Position Applying for Salary Desired

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.

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Have you ever applied for or worked for Western Growers before? yes no If yes, when?

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?

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?

RECORD OF EDUCATION

Type of School	Name and address of school	Major/Minor	Last Year Completed	Did you graduate?	Diploma/Degree (optional)
High School or GED			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="radio"/> yes <input type="radio"/> no	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="radio"/> yes <input type="radio"/> no	
College/Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="radio"/> yes <input type="radio"/> no	

List Licenses, Certifications, etc. (Indicate types and dates received)

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

REFERENCES

Please list 3 business/work references who are not related to you and are not previous supervisors.

Name and Occupation/Title	Company Name/Address/City/State/Zip	Email	Telephone	Years Known

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 weekends, 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)?

Continue on the next page

List each job starting with your present or last job. Do not omit any employers.

If you have a resume, please email to HR@wga.com, fax to 949-809-8949 or mail to Western Growers, 17620 Fitch Street, Irvine, CA 92614

1. Name of Employer

Address Email

City, State, Zip Phone

Supervisor Title of your position

Dates of employment Annual pay rate Start Last Base
From To Start Last Commission*
Start Last Bonus*

Describe the work you did

Reason for leaving

May we contact your current employer: yes no

2. Name of Employer

Address Email

City, State, Zip Phone

Supervisor Title of your position

Dates of employment Annual pay rate Start Last Base
From To Start Last Commission*
Start Last Bonus*

Describe the work you did

Reason for leaving

3. Name of Employer

Address Email

City, State, Zip Phone

Supervisor Title of your position

Dates of employment Annual pay rate Start Last Base
From To Start Last Commission*
Start Last Bonus*

Describe the work you did

Reason for leaving

* Provide W-2 first & last for At-Risk Pay

4. Name of Employer

Address Email

City, State, Zip Phone

Supervisor Title of your position

Dates of employment	Annual pay rate	Start	Last	Base
From <input type="text"/>		<input type="text"/>	<input type="text"/>	
To <input type="text"/>		Start <input type="text"/>	Last <input type="text"/>	Commission*
		Start <input type="text"/>	Last <input type="text"/>	Bonus*

Describe the work you did

Reason for leaving

* Provide W-2 first & last for At-Risk Pay

Please explain any periods of unemployment

Continue on the next page

Please read carefully and check each box to acknowledge each paragraph.

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.

Print Name / E-Signature

Date

Signature (if printing application)