

CLEAVER

FARM & HOME

CHANUTE, KANSAS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. Be sure to sign and date the application. *Please print.*

Name: _____

Social Security # _____ Phone: () _____

Address: _____

City/State/Zip: _____

Referred by: Newspaper Ad. Emp. Agency Friend/Relative No One

Position applied for: _____ Shift preferred: 1 2 3 Any

Special training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying: _____

Would you accept full-time work? Yes No Part-time work-? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No Dates _____

Are you prevented from lawfully becoming permanently employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

Are you 18 yrs. of age or older? Yes No (Employment subject to minimum legal age verification)

Have you ever been convicted of an offense other than a Minor traffic violation? (conviction will not necessarily disqualify an applicant from employment) Yes No If Yes, please explain and include state(s) and date(s) of conviction _____

For Office Use Only

Employee // _____

Badge # _____

Hire Date _____

Position _____

Rate _____

Shift _____

Div/Bran/Dept _____

Origin 1 2 3 4 5

Notes:

Approved By:

EDUCATION BACKGROUND

High School:
Name and location _____

Course of study: _____ Did you graduate? Yes No Diploma or G.E.D.

College:
Name and location _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma

Vocational Training - other:
Name and location _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma

Continuing Education:

PREVIOUS EMPLOYER AND ADDRESSES

List the most recent employer first. Please advise if you do not wish us to contact your current employer.

1. Company Name: _____ Phone: () _____
 Contact Name: _____
 Address: _____ Employed From: _____ To: _____
 Position: _____ Reason for Leaving: _____ Last Wage: _____

2 Company Name: _____ Phone: () _____
 Contact Name: _____
 Address: _____ Employed From: _____ To: _____
 Position: _____ Reason for Leaving: _____ Last Wage: _____

3. Company Name: _____ Phone: () _____
 Contact Name: _____
 Address: _____ Employed From: _____ To: _____
 Position: _____ Reason for Leaving: _____ Last Wage: _____

PERSONAL REFERENCES

Name	Address	Years Known	Telephone

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.

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 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.

I understand Cleaver Farm & Home will require drug testing of job applicants who have satisfied all other criteria for employment, and that any offer of employment will be contingent on the results of the drug test. I further understand that any offer of employment may also be contingent on whether the results of a physical exam, if one is required, show that I am able to perform the essential functions of the job, with or without reasonable accommodations.

Applicant's Signature: _____ Date: _____