



Autauga Farming Company

Employment Application

Date _____

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age, or any other basis protected by federal, state, or local law. This employment application is active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

PLEASE PRINT CLEARLY

PERSONAL

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

How did you find out about this job? ____ Newspaper ____ Referral ____ Other _____

If hired, do you have a reliable means of transportation to get to work? ____ Yes ____ No

What is it? _____

Minimum salary expected _____ Are you at least 18 years old? ____ Yes ____ No

If the job you are applying for requires driving: Driver's License No. _____ State Issued _____
Expiration Date _____

Are you legally eligible for employment in the U.S.? ____ Yes ____ No (Proof of U.S. citizenship or immigration status will be required if hired.)

Have you been convicted of a crime, other than a minor traffic violation, in the last ten years? ____ Yes ____ No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: the existence of a criminal record does not constitute an automatic bar to employment.)

EMPLOYMENT DATA

Employment you are seeking: ____ Temporary ____ Full-time ____ Part-time

What position(s) are you applying for? _____

Are you willing to work weekends? ____ Yes ____ No

Holidays? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No If hired, when would you be able to start? _____

Have you ever worked for us before? ____ Yes ____ No

If yes, indicated name used: _____

List any friends or relatives employed by this company: _____

EMPLOYMENT DATA, CON'T

Are you on layoff and subject to recall? ____ Yes ____ No

Have you ever been discharged or asked to resign from any position? ____ Yes ____ No

If yes, please explain:

How many days have you missed from work or school within the last year other than approved vacation, sick, or disability leave? _____

How many days have you been late to work or school within the last year other than approved vacation, sick or disability leave?

Please describe: _____

If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? ____ Yes ____ No. Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

EDUCATION (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8

Secondary: 9 10 11 12 G.E.D.

College: 1 2 3 4 5 6 7 8

Name of School: _____

Name of School: _____

Name of School: _____

Location of School: _____

Location of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

If currently in high school, are you enrolled in a recognized co-op program? ____ Yes ____ No

If yes, identify program and school: _____

MILITARY SERVICE

Are you a veteran? ____ Yes ____ No If yes, give dates of service: From _____ to _____. List any special skills or training: _____

WORK HISTORY (Please list your last four employers. Begin with the most recent.)

1. Company _____

Phone No. with Area Code (_____) _____

Address: _____

City/State/Zip _____

Dates of Employment: From _____ to _____

Salary: Beginning _____ Ending _____

Job Title: _____

Supervisor's Name & Title: _____

Describe duties briefly: _____

Specific reason for leaving: _____

WORK HISTORY, CONT.

2. Company _____

Phone No. with Area Code (_____) _____

Address: _____

City/State/Zip _____

Dates of Employment: From _____ to _____

Salary: Beginning _____ Ending _____

Job Title: _____

Supervisor's Name & Title: _____

Describe duties briefly: _____

Specific reason for leaving: _____

3. Company _____

Phone No. with Area Code (_____) _____

Address: _____

City/State/Zip _____

Dates of Employment: From _____ to _____

Salary: Beginning _____ Ending _____

Job Title: _____

Supervisor's Name & Title: _____

Describe duties briefly: _____

Specific reason for leaving: _____

4. Company _____

Phone No. with Area Code (_____) _____

Address: _____

City/State/Zip _____

Dates of Employment: From _____ to _____

Salary: Beginning _____ Ending _____

Job Title: _____

Supervisor's Name & Title: _____

Describe duties briefly: _____

Specific reason for leaving: _____

May we contact all of the employers listed above? ____ Yes ____ No If not, tell which one(s) you do not wish us to contact and why. _____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organization you are active in:

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed with this company at any time thereafter. I understand and expressly agree that if employed by the company, storage areas provided for me (locker, desk, etc.) are open to investigation or search by the company without prior notice to me. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual within the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing. I have read and understand the above.

Applicant's Signature _____ Date: _____