

**Community CROPS
APPLICATION FOR EMPLOYMENT**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Position applied for: _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage? \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Are you looking for full time employment? [] Yes [] No

If no, what hours are you available? _____

Are you willing to work evenings and weekends? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, please describe conditions: _____

Education:	School Name & Location	Year	Major	Degree
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other Training:	_____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications, or experience we should consider?

Employment History: (Start with most recent employer)

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? [] Yes [] No

Supervisor contact phone number or email: _____

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? [] Yes [] No

Supervisor contact phone number or email: _____

Responsibilities: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____ May we contact? Yes No

Supervisor contact phone number or email: _____

Responsibilities: _____

Reason for leaving: _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager or executive of this company, other than the president has the authority to alter the foregoing.

Signature (or printed name if submitting electronically)

Date