APPLICATION FOR EMPLOYMENT
Champlain Farms/Fastop

NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS:_____
STREET TOWN STATE ZIP

MAILING ADDRESS:_____
IF DIFFERENT THANABOVE STREET/PO BOX TOWN STATE ZIP

PHONE NUMBER:(____)_____EMAIL: _____

ARE YOU 18 YEARS OR OLDER? YES NO

HAVE YOU WORKED FOR US IN THE PAST? YES NO
IF YES, WHERE?_____

DO YOU HAVE ANY RELATIVES WHO WORK OR HAVE WORKED FOR US? YES NO
WHO?_____ Relationship to you:_____

EMPLOYMENT DESIRED:

POSITION:_____ CITY or LOCATION:_____

DATE YOU CAN START:_____ DESIRED RATE OF PAY:_____

EDUCATION:

HIGH SCHOOL:_____ GRADUATED? YES NO

COLLEGE:_____ GRADUATED? YES NO

OTHER:_____ GRADUATED? YES NO

FORMER EMPLOYMENT:

MONTH/DATE/YEAR NAME/PHONE# EMPLOYER RATE REASON FOR LEAVING

1._____

2._____

3._____

REFERENCES(OTHER THAN FAMILY)

NAME ADDRESS PHONE RELATIONSHIP

1._____

2._____

BY SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF THE ABOVE INFORMATION. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT, IF OFFERED TO ME, IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT ANY PREVIOUS NOTICE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

SIGNED:_____ DATE:_____