

# APPLICATION FOR EMPLOYMENT PATTERSON FARM, INC.

**APPLICANT NOTE:** This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein, will automatically be disqualified from further consideration of employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment.

DATE: \_\_\_\_\_

**PERSONAL**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS		HOME TELEPHONE	
CITY	STATE	ZIP	BUSINESS TELEPHONE
ARE YOU AT LEAST 16 YEARS OLD?			

ARE YOU RELATED TO ANYONE WORKING FOR PATTERSON FARM, INC.?  YES  NO

IF YES, WHOM \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HAVE YOU EVER APPLIED HERE BEFORE?  YES  NO IF YES, YEAR \_\_\_\_\_

WHEN ARE YOU ABLE TO BEGIN WORK? \_\_\_\_\_

CAN YOU WORK  SEASONAL  PART-TIME  FULL-TIME

WHAT SCHEDULE DO YOU PREFER?  WEEKDAYS  WEEKENDS  EVENING  NIGHTS

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

**POSITIONS DESIRED**

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**EDUCATION**

	HIGH SCHOOL	COLLEGE/UNIV/TECH	GRADUATE
NAME/LOCATION			
YEARS COMPLETED OR CREDIT HOURS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY MAJOR & MINOR	DIPLOMA GED		
DESCRIBE SPECIALIZED TRAINING, SKILLS AND EXTRACURRICULAR ACTIVITIES			

**PERSONAL REFERENCES**

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP	OCCUPATION

**EMPLOYMENT HISTORY**(Please give accurate, complete, full-time and part-time employment. Start with your present or most recent employer.)

EMPLOYER:	JOB TITLE:
ADDRESS:	STARTING AND ENDING SALARY:
SUPERVISOR:	TELEPHONE:
REASON FOR LEAVING:	DATES OF EMPLOYMENT:
MAJOR DUTIES:	MAY WE CONTACT THIS EMPLOYER?
NUMBER OF PEOPLE SUPERVISED BY YOU:	

EMPLOYER:	JOB TITLE:
ADDRESS:	STARTING AND ENDING SALARY:
SUPERVISOR:	TELEPHONE:
REASON FOR LEAVING:	DATES OF EMPLOYMENT:
MAJOR DUTIES:	
NUMBER OF PEOPLE SUPERVISED BY YOU:	

**CERTIFICATION/RELEASE**

"I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. I hereby authorize the company, its agents and servants, and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history and motor vehicle driving record. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as the company may request concerning my past, and do hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of Patterson Farm, Inc. to detect the presence or absence of drugs in my body, both prior to and during my employment therewith."

I also understand that neither this application nor a commitment of employment by Patterson Farm, Inc. constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Patterson Farm, Inc. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Patterson Farm, Inc.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY APPLICANTS AGE 16 OR YOUNGER**

**Parents statement to health of applicant and approval to work.**

To the best of my knowledge, my child is not afflicted with any of the following diseases: Hernia, Epilepsy, Asthma, Tuberculosis, Skin Allergies, or Fainting Spells and is not allergic to extended exposure to sunshine. After discussing farm work with my child, I approve that my child accept farm work.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

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**HUMAN RESOURCE DEPARTMENT USE ONLY**

DATE: \_\_\_\_\_

START DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

REMARKS: \_\_\_\_\_