A logo with a tree and text

Description automatically generated

NEW ERA FARM SERVICE

# Employment application

## Application information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | D.O.B |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  | | |  | S.S. no: |  |  |  | Desired salary: | |  | $ |
|  | | |  |  | | | | | | |
| Position applied for: | | |  | Ag Tech/Delivery  Salesmen  PCA/CCA | | | | | | | Full-time  Part-time  Seasonal | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you willing to work over 40 hours/week, Saturdays and some holidays? |  | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you physically able to lift over 50lbs? |  | Yes | No |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| If no, are you authorized to work in the U.S.? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| Have you ever worked for this company? | | |  | Yes | No |  | If yes, when? |  |  |
|  |  |  | | | | | | | |
| Have you ever been convicted of a felony? | | |  | Yes | No |  | If yes, explain? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a driver’s license? |  | Yes | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you worked with fertilizer or pesticides? |  | Yes | No |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a forklift certification? |  | Yes | No |  | If yes, date acquired? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been involved in a motor vehicle accident in the last three years? |  | Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had any moving violations in the past three years? |  | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a Class A driver’s license? |  | Yes | No |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High school: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Diploma: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| College: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| Other: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |

## References

Please list three professional references.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

## Military Service

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch: |  |  | | | | | | | | |  | From: |  |  |  | To: |  |  |
|  | | | |  | |  | | | | | | | | | | | | |
| Rank at discharge: | | |  | |  | | | |  | Type of discharge: | | |  |  | | | | |
|  | | | |  | |  | | | | | | | | | | | | |
| If other than honorable, explain: | | | | | | |  |  | | | | | | | | | | |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |