



APPLICATION FOR EMPLOYMENT

NAME _____
 SOCIAL SECURITY NUMBER _____ DATE _____
 PRESENT ADDRESS _____
 PHONE _____

Position applied for _____ ; Salary required _____ ; Date available _____

Seeking employment: ___ Full time; ___ Part time; if part time specify days and hours _____

Ever worked for FB or FB franchise before? ___ ; If so, when? _____ Where? _____

List any family or friends working for us _____

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? _____

If yes, describe such condition _____

Are you a citizen of the U.S.? Yes _____ No _____ *Date of Birth _____

If no, what is your alien registration number? _____

If no, have you been lawfully admitted to the U.S. for permanent residence? Yes _____ No _____

Person to notify in case of emergency: _____ Spouse _____ Mother _____ Other _____

EDUCATION

NAME OF HIGH SCHOOL LAST ATTENDED AND ALL COLLEGES ATTENDED	LOCATION (CITY, STATE, ZIP, STREET ADDRESS)	FROM MONTH YEAR	TO MONTH YEAR	DEGREES CONFIED
HIGH SCHOOL				
COLLEGE				
BUSINESS SCHOOL				
TECHNICAL SCHOOL				

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 65 YEARS OF AGE.

Why do you want to work for FB? _____

How were you referred to FB? _____

List experiences, skills, or other qualifications which you feel would qualify you to work for FB in the position applied for _____

Have you ever been convicted of a felony? _____

(A criminal record is not an automatic bar to employment with this company.)

PREVIOUS EMPLOYMENT

(Present or last employer)		(Employer's address)	(Kind of business)	
(Position)		(Supervisor's Name)	(His/Her title)	
(When did you start?)	(When did you leave?)	(Your starting rate?)	(Your leaving rate)	
(Why did you leave?)				

(Next to last employer)		(Employer's address)	(Kind of business)	
(Position)		(Supervisor's Name)	(His/Her title)	
(When did you start?)	(When did you leave?)	(Your starting rate?)	(Your leaving rate)	
(Why did you leave?)				

(Employer before that)		(Employer's address)	(Kind of business)	
(Position)		(Supervisor's Name)	(His/Her title)	
(When did you start?)	(When did you leave?)	(Your starting rate?)	(Your leaving rate)	
(Why did you leave?)				

**APPLICATION FOR EMPLOYMENT AND AGREEMENT TO AND WITH
FARM BASKET**

APPLICANT PLEASE READ CAREFULLY. Please answer all questions on this form to the best of your ability. Your qualifications will be carefully reviewed and given thorough consideration for any suitable vacancies in the company. If you are employed, this will become a part of your permanent personnel record. Keep this in mind as you fill it out. We appreciate your interest as shown by your filling out this application blank.

To determine my qualifications for employment, I authorize this Company to conduct an investigation. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this Company, in the termination of employment. I also authorize the companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

_____ Date

_____ Signature