

APPLICATION FOR EMPLOYMENT

Today's Date _____

APPLICANT NOTE: This Employment Application is intended for use in evaluating your qualifications for employment. It is ~~not~~ employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of this company as an Equal Opportunity Employer to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law.

COMPLETE ALL QUESTIONS; PLEASE PRINT CAREFULLY.

PERSONAL DATA

NAME (Last)	First	Middle	Social Security Number
LIST ANY OTHER NAMES used in past 7 years.			
HOME ADDRESS (Number & Street)		City	State ZIP
Home Phone (with area code)	Daytime Phone (with area code)	Can we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years At Current Address.	If less than 7 years, list all other cities and states in which you lived during the past 7 years.		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment.)		
Other than minor traffic offenses, have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, describe in detail below including date and location of offense. (A conviction record will not necessarily bar you from employment.)			
As a part of the background information that you provide on this application, you are not required to provide, and you shall not voluntarily provide, the company with any information regarding any conviction/arrest records pertaining to you that have been sealed or expunged.			
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, in what year?			
Have you ever been employed by AGEE FARMS <input type="checkbox"/> Yes <input type="checkbox"/> NO IF YES, complete information below.		Starting and Ending Dates of Employment	
Position(s) Held		Reason for Leaving	
Do you have any relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, complete information below.			
Name	Relation	Job Title	Location

POSITION

Position Desired	Salary Expected \$ _____ Month	What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?	Work Availability <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, any restrictions?	May we contact your current employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

APPLICANT NAME _____

DATE _____

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER	Company Name	Street Address	From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No.	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2ND PREVIOUS EMPLOYER	Company Name	Street Address	From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No.	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3RD PREVIOUS EMPLOYER	Company Name	Street Address	From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No.	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4TH PREVIOUS EMPLOYER	Company Name	Street Address	From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No.	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5TH PREVIOUS EMPLOYER	Company Name	Street Address	From (month/year)	To (month/year)
	City & State Where Located	Phone No. (with area code)	Type of Business	Ending Salary
	Position Title	Reason for Leaving		Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Supervisor	Title of Supervisor	Supervisor's Phone No.	
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MILITARY SERVICE (Complete if you have served in the US Military. A copy of your DD214 may be needed for verification.)

Branch	Final Base, City & State where assigned	Date Entered	Date Discharged	Rank and Position at Discharge
Name and Title of Supervisor		Phone No. (with area code)	Did you receive a DISHONORABLE discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List service schools or special relevant experience.				

APPLICANT NAME _____

DATE _____

EDUCATION (If degree was received under a different name, please include.)

School	Name of School - Street Address, City & State	Degree Received	Year Received	Dates of Attendance	Major & Minor Fields of Study
High School					
College					
Other, including GED					

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.
Languages in which you are fluent other than English.
List additional relevant skills or abilities.

PROFESSIONAL REFERENCES. (List individuals familiar with your work; do not include relatives.)

Name	City & State	Phone (Preferably Day Time)	Occupation

I certify that I have read and understand the "Applicant Note" on Page One of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents including consumer-reporting companies to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I release all parties from any liability for damage that may result from furnishing this information to you.

By my signature on this application, I acknowledge that the company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged.

APPLICANT'S SIGNATURE	DATE
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Please return to:
 Agee Farms
 Attn: Human Resources
 1895 Rt 121, Lincoln, IL 62568
 Email: Justin@ageefarms.com