

# HARTFORD ORCHARDS LLC

## Employment Application



### APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address						Apartment/Unit #			
City				State			ZIP		
Home Phone				E-mail Address					
Cell Phone				Date of Birth			Date Available to Start		
<b>AVAILABILITY</b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
From									
To									
Are You 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, what is your age?						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

How will you get to work?

### EDUCATION

High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

If still enrolled, when does school start in the fall?

### REFERENCES

*Please list three personal references.*

Full Name				Relationship					
Address (if known)				Phone					
Full Name				Relationship					
Address (if known)				Phone					
Full Name				Relationship					
Address (if known)				Phone					

**PREVIOUS EMPLOYMENT – PROFESSIONAL REFERENCES (IF NONE, PLEASE WRITE N/A)**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

**PLEASE READ CAREFULLY – DISCLAIMER AND SIGNATURE**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Signature	Date
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Hartford Orchards!