

Application for Employment

Equal Opportunity Employer
Drug Free Workplace
M/F/D/V



Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

(Application must be completed in full even if attaching a resume.)

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

POSITION APPLIED FOR _____ **DATE** _____

PERSONAL INFORMATION:

_____	_____	_____	_____
Last Name	Middle	First Name	Social Security Number
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Home Telephone	Cell-phone	Other	Email Address
_____	_____	_____	_____

GENERAL INFORMATION:

Do you have any relatives or friends presently employed with the Clover Stornetta Farms, Inc?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Name of Relative or Friend: _____	
Have you previously worked for Clover Stornetta Farms, Inc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Where and Approximate Date: Month/Year: _____	
Have you ever filed an application with Clover Stornetta Farms, Inc?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Where and Approximate Date: Month/Year: _____	
How were you referred? _____	
If you are under Age 18: You must be at least 16 years of age to work for Clover Stornetta Farms, Inc	<input type="checkbox"/> Not Applicable
If you are a student under 18, can you to obtain a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Upon employment, can you provide valid documentation establishing your identity and eligibility to be legally employed in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a crime or violation other than a minor traffic infraction that did not result in a conviction? (Note: A conviction record will not necessarily be a bar for employment consideration.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Please Explain: _____	
Have you ever been discharged from any employment or asked to resign?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, Please Explain: _____	

Date Available for Work? _____	Desired Salary? _____
Are you Available: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
(Check all that Apply) <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night	

EDUCATION:

	Name and Address	Years Completed	Major/Type of Diploma or Degree	Did you Graduate?
High School		1 2 3 4		
Business/Trade School		1 2 3 4		
College		1 2 3 4		
Graduate/Professional		1 2 3 4		

EMPLOYMENT HISTORY: Begin with your most recent Employment including any gaps of employment.
Do not write, "Refer to Resume". (Attach additional sheets if necessary)

Current Employer or Status:

Dates Employed: _____ From: _____ To: _____
Name Of Company: _____
Address, City, State, Zip: _____
Telephone: _____
Job Titles: _____ Last Salary: _____ Supervisor: _____
Job Responsibilities: _____
Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
Name Of Company: _____
Address, City, State, Zip: _____
Telephone: _____
Job Titles: _____ Last Salary: _____ Supervisor: _____
Job Responsibilities: _____
Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
Name Of Company: _____
Address, City, State, Zip: _____
Telephone: _____
Job Titles: _____ Last Salary: _____ Supervisor: _____
Job Responsibilities: _____
Reason for Leaving: _____

Dates Employed: _____ From: _____ To: _____
Name Of Company: _____
Address, City, State, Zip: _____
Telephone: _____
Job Titles: _____ Last Salary: _____ Supervisor: _____
Job Responsibilities: _____
Reason for Leaving: _____

NOTIFICATION AND AGREEMENT:

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to Human Resources Representative before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application (which may include background criminal felony and misdemeanor checks, DMV, previous employment, Education, and personal references). I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

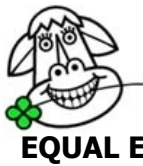
If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

FOR HUMAN RESOURCES ONLY:

Date Received:



CLOVER STORNETTA FARMS, INC.
EQUAL EMPLOYMENT OPPORTUNITY APPLICANT SURVEY

Submission of this information is Voluntary and will not be included in your applicant file or your employee personnel file if hired by Clover Stornetta Farms, Inc.

To be in compliance with our Affirmative Action Program, we are required by law to report the number of people who apply with Clover Stornetta Farms, Inc by ethnic group and gender. Your cooperation in completing this form is greatly appreciated. This information will be used only for reporting purposes as legislated by Federal and State regulations and will not become a part of your applicant file or be used in making employment decision, and will not be included in your employee personnel file if hired by the Company.

Last Name: _____ **First Name:** _____ **M.I.** _____

Position Applying for: _____ **Date:** _____

Gender: **Male** **Female**

RACIAL/ETHNIC DATA:

Please identify yourself in terms of the racial/ethnic group below:

- White:** (Not of Hispanic origin) - All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American:** (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the originals people of the Far East, Southeast Asia, or the Indian subcontinent, including, Cambodia, Cine, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America Indian and who have maintained cultural identification through tribal affiliation community recognition or community attachment.
- Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- I choose not to disclose.**

Check If Applicable:

- Vietnam Era Veteran:** A person who (1) served on active duty for a period of more than 180 days, of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Veteran:** A veteran serving active duty during a war or in a campaign or expedition for which a campaign badge was authorized.