

Crain Orchards, Inc.

Employment Application & Emergency Data Form

Last Name	First Name	Middle Name	Social Security #	Date		
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Street Address		City	State	Zip	Phone #	Message #
Position Desired		Salary Desired	Are you available for:		Date you can Start	
			Weekends <input type="checkbox"/> Overtime <input type="checkbox"/>			
EMPLOYMENT HISTORY						
Employed From: Month Date Year To: Month Date Year		Company Name, Address & Phone Number	Job Title & Description	Reason for Leaving	May we contact this employer for a reference	
					Yes <input type="checkbox"/>	
					No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					No <input type="checkbox"/>	
					Yes <input type="checkbox"/>	
					No <input type="checkbox"/>	
Do you have family and/or friends who work for Crain Walnut Shelling, Inc.?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, state name(s) and relationship.						
Have you ever been convicted of a criminal offense (felony)?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, state nature of crime, when and where convicted and disposition of case*						
* (No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)						
Are you currently employed?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, may we contact your current employer?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
Whom should we contact in case of an emergency?						
Name	Address		Relationship	Phone #		
Please list 2 personal references						
Name	Address		Phone #	Years Acquainted		
I hereby certify that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material facts on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I also certify, by my signature below, that I have read and understand the foregoing statement.						
Signature of Applicant					Date	