Human Resources Department | 10695 Decker Avenue | Los Molinos, CA 96055 | (530) 528-7755 | https://www.crainwalnut.com/



## Crain Walnut Shelling, Inc.

CWS Date Stamp

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Crain Walnut Shelling (CWS) is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, religion, sex, national origin, the presence of mental, physical, or sensory disability, sexual orientation, genetic information, or age or any other basis prohibited by federal, state or local law.

**PLEASE PRINT LEGIBLY OR TYPE:** Complete all sections that apply to the position you are applying for. Applications will be rejected if sections are not completed in accordance with the instructions.

1. Date of App	lication:	2. E-mail Address:							
3. Name: exact	ly as it	First	Middle	Viddle Last			Position applying for:		
appears on your									
right to work do							<u> </u>		
-		s License? (Complete the	Yes 🗆	State:	Number	: Expira	tion D	Date: Class:	
for which you ar	,	if relates to the position	No 🗆						
	e uppiyilig.	1							
5. Address:						4			
City:			State:				Zip Co 7. Des		
6. Home Phon	e:		Alternat Phone:	e				ng Wage?	
		GENE		NFORM	ΛΑΤΙ		Startin	ig wage:	
8. Would this be your first job? Yes $\square$ No $\square$ 9. Date available to start work:									
		me, how many hours can			s than 20	□ 20 – 3	0 hou	rs 🛛 31 – 40 hours	
	-	k are	-						
11. What type of work are Grading Production Sanitation Fumigation QC Maintenance Clerical									
, Walnut Shellir		□ Packing □ Fo	orklift 🗆 S	hipping 🛛	General La	bor 🗆 Engin	eering	🛛 🗆 Receiving 🗆 Any	
12. Available t	o work:	Year Round		🛛 🛛 Part Ti	me	🗆 Te	mpora	ary / As Needed	
13. Shift Desir	ed:	🗆 Day 🗌 Night	🗆 Swir	ng 🗆 /	Any/All shif	ts			
14. Are you at	least 18 y	ears of age or older?					Yes	🗆 No	
		Federal requirement, can			-	work in	Yes	🗆 No	
		ment authorization within				_			
-		e future require Crain Wa	-			-	-		
called "sponsors	hip" for an	for example, H-2A, H-1B employment-based visa state	IS.	_			This is	sometimes 🛛 Yes 🗆 No	
		ed for a position with Eco			Shelling, In	c. or	Yes	🗆 No	
Crain Orchards, Inc or worked for any of these companies before?									
If yes, specify		Eco-Shell COI C		From		To:			
		UCATION, 1							
10 Are you ou		nplete Education and Trainin		<b>.9. What are</b>			are app	olying)	
20. What is yo	-	school or training?		9. what are	you studyii	ıgr			
21. □ Graduated from High School       Name of High School:       23. □ Did not graduate					23. 🗌 Did not graduate				
22. Did not graduate but passed GED Location of							from High School/ No GED		
	0		Major	No. of Years	Attended	Did you		-	
	Name	and Address of School	Subject	From	То	graduate	? Т	Total Units / Degree received	
College						□ Yes □ I	No		
University						□ Yes □ I	No		
Other (Specify)						□ Yes □ I	No		
		lated experience you hav	•	· ·		ms;			
(You may omit t	hose which	indicate race, color, religion,							
<b>LANGUAGE (S)</b> (Complete Languages Section only if it relates to the position for which you are applying)									
<b>25. Please indicate other languages</b> Language:Written: □ Fluent □ Good □ Fair									
					Fluent □ Good □ Fair				
		0					aciit		

26. Are there individuals related to you by blood or marriage who are currently employed by CWS?					
If yes, state name and relationship?					
27. Were you referred by a CWS employee? If so, please provide their name below.					
If yes, state name and relations	hip?				
28. Are you currently employed?	🗆 Yes 🗆 No	29. If yes, may we contact your current employer?	🗆 Yes	🗆 No	
		OYMENT HISTORY		_	

**30.** *A. A* separate resume is not acceptable in place of completing the following. *B.* Show each employer and past work experience for the last 10 years. *C.* Please list your present or most recent job first. *D.* Include military activities and training. *E.* Please include, identify and explain all periods of unemployment in excess of one month during the same 10 years.

Name of Employer:				Та		
Address:	From		To Manth Veen			
Phone:	Month	Year	Month	Year		
Reason for leaving:	Telep	hone	Supe	ervisor		
Job description/ Duties:			<u> </u>			
Name of Employer:	Fro	m	То			
Address:	Month	Year	Month	Year		
Phone:						
Reason for leaving:	Telephone		Supervisor			
Job description/ Duties:						
Job description/ Duties.						
Name of Employer:	Fro	m	-	Го		
Address:	Month	Year	Month	Year		
Phone:	WOItti	Tear	WOIlth	Tear		
				<u> </u>		
Reason for leaving:	Telephone		Supervisor			
Job description/ Duties:						
Name of Employer:	From		То			
Address:	Month	Year	Month	Year		
Phone:						
Reason for leaving:	Telephone		Supervisor			
Job description/ Duties:	1		<u>n</u>			
If you need additional space, please continue your response on a separate p	age and attac	h it to this	application			
· · · · · · · · · · · · · · · · · · ·	-		••			

FORKLIFT
<b>31. Do you have forklift experience?</b> Yes No <b>32. When did you last operate a forklift?</b> ( <i>Date</i> ): (If NO Forklift experience, please continue to questions # 40)
<b>33. Are you certified?</b> Yes       No <b>34. Last Certification?</b> (Date):
<b>35. What type of forklift certification do you have?</b> Sit down Stand-up Propane Electric Diesel Other:
<ul> <li>36. How many years of forklift experience do you have:</li></ul>
ΟΤΗΕ R
40. Are you a requesting Veteran's preference points for this recruitment? If yes, complete the section below.          □ Yes         □ No Military: Branch: Rank in Military: Total Years of Service: Skills/duties:
41. To assist in checking records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under another name, other than what was used on this application: If yes, please specify the name you were employed or enrolled under:
42. Are you able to safely perform the essential functions of the duties/position for which you are applying which may include standing, sitting, bending, reaching and lifting up to 50 lbs. for up to 8 hours per day, either with or without reasonable accommodation? If not, you may indicate what functions cannot be safely performed:
<b>43. Please list any job-related professional, trade, business, volunteer or civic activities, organizations, and associations:</b> (You may omit those which indicate race, color, religion, national origin, ancestry, sex or age):
44. Person to be contacted in the event of an accident or emergency:
Name:
Address:
Alternate Telephone: Phone:
46. Is there anything you'd like to share that could potentially affect your ability to work? ↓ Yes □ No ↓ Yes □ No
<b>47. If offered employment, will you have a reliable method/source of transportation to and from work?</b>
48. If offered employment, you will be required to submit to and successfully pass a physical exam and a pre-hire drug screening         OFF or ON-SITE by an independently contracted medical provider that may be out of town, do you understand?          \[             Yes          49. Are you able to travel out of town to this appointment (No payment for lodging, or travel expenses are provided)?          Yes         \[             No         \]
PROFESSIONAL REFERENCES
50. Please provide the name, address, and telephone number of two professional references not related to you:
1.

2.

## APPLICATION STATEMENT

(Please read the following carefully before signing.)

With my signature, I am stating that I understand and agree that any false, misleading, or incomplete information given in my application, interview(s), or other pre-employment questionnaire and/or procedure, regardless of when discovered by Crain Walnut Shelling, Inc, hereby referred to as the Company, and/or any of its agents, employees, or representatives, will be sufficient basis for my disqualification for employment or, if already employed by the Company, the termination of my employment with the Company.

If an offer of employment is extended to you it is strictly contingent upon satisfactory completion of a pre-employment physical exam with drug screening, a criminal background check and an employment and personal reference check. I also understand that any and all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and the applicant's legal authority to work in the United States. Factors used to determine whether an applicant with a conviction is eligible for hire include, but are not limited to, the nature of conviction, length of time that has passed since the conviction, circumstances surrounding the crime, applicability of the conviction to the position applied for, references, and disclosure of the conviction on the employment application.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company, unless I have indicated to the contrary. I authorize the references listed, as well as all other individuals whom the Company may contact, to provide Crain Walnut Shelling, Inc and any of its agents, employees, or representatives any and all information concerning my previous employment and any other pertinent information that they may have.

I agree that the Company shall not be liable in any respect if I am not hired or if my employment is terminated as a result of providing such false, misleading, or incomplete information. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Crain Walnut Shelling, Inc. as well as from the use or disclosure of such information by Crain Walnut Shelling, Inc. or any of its agents, employees, or representatives.

I further acknowledge that my employment and compensation can be terminated "At-Will", with or without cause, and with or without notice, at any time, either at my option or at the option of Crain Walnut Shelling, Inc.. By applying for this position, you further understand that your employment with Crain Walnut Shelling, Inc. will be on an "At-Will" basis, and that neither you nor the Company has entered into a contract regarding the terms or the duration of your employment. As an "At-Will" employee, you will be free to terminate your employment with the Company at any time, with or without cause or advance notice. Likewise, the Company will have the right to reassign you, to change your compensation, or to terminate your employment at any time, with or without cause or advance notice. I understand that no employee or representative of Crain Walnut Shelling, Inc., other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of Crain Walnut Shelling, Inc. may not alter the "At Will" nature of the employment relationship unless he does so specifically in writing.

By signing below you signify that you have read the job posting and you understand, are able and willing to perform the functions and duties of that position. In consideration of my employment, I agree to conform to the rules and standards of Crain Walnut Shelling, Inc., as amended by Crain Walnut Shelling, Inc. from time to time at its discretion.

Signature of Applicant

Date