

Bishop's Orchards APPLICATION For Employment

Type of Job that interests you: (Circle all that apply) RETAIL OFFICE BAKERY KITCHEN PACKING PRODUCE PickYourOwn FARM CASHIER STOCK WAREHOUSE Other _____					Today's Date mm/dd/yyyy / /		Received by	
Name (First)			(Middle)		(Last)			
Address (Number, Street, City, State, Zip Code)								
Home Phone		Work Phone		Cell Phone		Best Time To Be Reached	Acceptable wages	Email Address:
How did you find out about working here?(Circle) SIGN AD EMPLOYEE INTERNET CUSTOMER FRIEND				Referred by:		Why do you want to work at Bishops?		

GENERAL

Are you legally permitted to work in the United States?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Proof will be required before commencing work.	
Do you have a Valid Driver's License	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Give License Number for Jobs which require driver's license.	
If You have a Driver's License, is it a CDL?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	If yes, what endorsements do you have?	
Are you at least 18 years of age?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	IF NO, are you at least 16 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>

AVAILABILITY

Available to Work Full Time	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Length of Time Available:	Starting Date
Available to Work Part Time	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	When	Ending Date
Available to Work Weekends?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	List Any Weekend Limitations	

EDUCATION

Mark highest level completed.	Some HS	<input type="checkbox"/>	HS/GED	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Bachelor	<input type="checkbox"/>	Master	<input type="checkbox"/>	Doctoral	<input type="checkbox"/>
Last high school (HS) or GED school. Give the school's name, City, State, and ZIP Code (if known).												
Colleges and universities attended. Do not attach a copy of your transcript unless requested.												
1)	Name				Major(s)				Degree (if any)			
	City	State	ZIP Code	Total Credits Earned								
			-									
2)	Name				Major(s)				Degree (if any)			
	City	State	ZIP Code	Total Credits Earned								
			-									

REFERENCES List at least 3 personal references **not** related to you & not previous employers. Must be easy to contact by phone.

	Name (First)	(Last)	Relationship	Address, City, State	Phone(s)
1)					
2)					
3)					
4)					

WORK EXPERIENCE

Describe your paid and nonpaid work experience. Do not attach job descriptions. Attach additional sheet if needed.			
Job title			
1)			
	From (MM/YY)	To (MM/YY)	Hours per week
	Employer's name and address		Supervisor's name and phone number
			()
Describe your duties and accomplishments			
Job title			
2)			
	From (MM/YY)	To (MM/YY)	Hours per week
	Employer's name and address		Supervisor's name and phone number
			()
Describe your duties and accomplishments			
Job title			
3)			
	From (MM/YY)	To (MM/YY)	Hours per week
	Employer's name and address		Supervisor's name and phone number
			()
Describe your duties and accomplishments			

May we contact your current supervisor?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If we need to contact your current supervisor before making an offer, we will contact you first.

OTHER QUALIFICATIONS

<p>Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.</p>

APPLICANT CERTIFICATION

<p>I hereby certify that the information contained in this application 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 above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the company and agree 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 the company. I understand that no employee or representative of the company other than an officer of the company has any 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 officer of the company may not alter the at-will nature of the employment relationship unless s/he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to work in the United States.</p>

SIGNATURE		DATE SIGNED	
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