



# APPLICATION FOR EMPLOYMENT

|  |                         |                                |                                       |                                  |                         |                                     |                     |
|--|-------------------------|--------------------------------|---------------------------------------|----------------------------------|-------------------------|-------------------------------------|---------------------|
|  |                         |                                |                                       |                                  | DATE:                   |                                     |                     |
| FIRST NAME:  |                         |                                | MI:                                   | LAST NAME:                       |                         |                                     |                     |
| ADDRESS (Number & Street):   |                         |                                |                                       |                                  |                         |                                     |                     |
| CITY:  |                         |                                | STATE:                                |                                  |                         | ZIP CODE:                           |                     |
| PHONE NUMBER: <b>(Required)</b>  |                         | BEST TIME TO BE REACHED:       |                                       | EMAIL ADDRESS: <b>(Required)</b> |                         |                                     |                     |
| ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?                                      |                         |                                | Yes                                   | No                               |                         |                                     |                     |
| DO YOU HAVE A VALID DRIVER'S LICENSE?  |                         |                                | Yes                                   | No                               |                         |                                     |                     |
| IF YOU HAVE A DRIVER'S LICENSE, IS IT A CDL?   |                         |                                | Yes                                   | No                               |                         |                                     |                     |
| ARE YOU AT LEAST 18 YEARS OF AGE?  |                         |                                | Yes                                   | No                               |                         |                                     |                     |
| IF YOU ARE 17 YEARS OLD or YOUNGER, ENTER YOUR AGE.  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>WHAT TYPE OF JOB INTERESTS YOU? (CIRCLE ALL THAT APPLY)</b>                               |                         |                                |                                       |                                  |                         |                                     |                     |
| <i>Front End/Cashier</i>   |                         | <i>Produce</i>                 |                                       | <i>Bakery</i>                    |                         | <i>Kitchen</i>                      |                     |
| <i>Farm</i>  |                         | <i>Office</i>                  |                                       | <i>Bartender/Wine Bar</i>        |                         | <i>Creamery</i>                     |                     |
| <i>Pick Your Own</i>   |                         | <i>Other:</i>                  |                                       |                                  |                         |                                     |                     |
| <b>HOW DID YOU LEARN ABOUT OPPORTUNITIES TO WORK AT BISHOP'S?</b>                            |                         |                                |                                       |                                  |                         |                                     |                     |
| <i>Internet Posting</i>  |                         | <i>Current Employee</i>        |                                       | <i>Current Customer</i>          |                         | <i>Sign at Bishop's</i>             |                     |
| <i>Employment Advertisement</i>  |                         |                                |                                       | <i>Other:</i>                    |                         |                                     |                     |
| REFERRED BY:   |                         |                                |                                       |                                  |                         |                                     |                     |
| WHY DO YOU WANT TO WORK AT BISHOP'S?   |                         |                                |                                       |                                  |                         |                                     |                     |
| WHAT IS YOUR DESIRED SALARY?   |                         |                                |                                       |                                  |                         |                                     |                     |
| ARE YOU LOOKING FOR FULL TIME or PART TIME? (CIRCLE ONE)                                     |                         |                                |                                       | <i>Full Time</i>                 |                         | <i>Part Time</i>                    |                     |
| HAVE YOU WORKED FOR BISHOP'S IN THE PAST?  |                         |                                | Yes                                   | No                               |                         |                                     |                     |
| IF YES, WHEN DID YOU WORK FOR US AND IN WHAT CAPACITY?                                       |                         |                                |                                       |                                  |                         |                                     |                     |
| HAVE YOU APPLIED FOR WORK WITH BISHOP'S IN THE PAST?   |                         |                                |                                       |                                  |                         |                                     |                     |
| IF YES, ABOUT WHEN DID YOU APPLY?  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>WHAT IS YOUR AVAILABILITY? (CHECK ALL THAT APPLY):</b>                                    |                         |                                |                                       |                                  |                         |                                     |                     |
|  | <b>Not Available</b>    | <b>OPEN Availability</b>       | <b>Early Morning</b>                  | <b>Morning</b>                   | <b>Early Afternoon</b>  | <b>Late Afternoon/Early Evening</b> | <b>Late Evening</b> |
| <b>Monday</b>  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Tuesday</b>   |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Wednesday</b>   |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Thursday</b>  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Friday</b>  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Saturday</b>  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>Sunday</b>  |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>EDUCATION</b>   |                         |                                |                                       |                                  |                         |                                     |                     |
| <b>MARK HIGHEST LEVEL COMPLETED:</b>   | <i>Some High School</i> | <i>High School Diploma/GED</i> | <i>Associates/Other 2 Year Degree</i> |                                  | <i>Bachelors Degree</i> | <i>Masters or Higher</i>            |                     |
| <b>LAST HIGH SCHOOL (HS) or GED SCHOOL. GIVE NAME, CITY, STATE, and ZIP CODE (If Known).</b> |                         |                                |                                       |                                  |                         |                                     |                     |



## APPLICATION FOR EMPLOYMENT

| <b>COLLEGES AND UNIVERSITIES ATTENDED. DO NOT ATTACH COPY OF TRANSCRIPTS.</b>  |            |                             |                         |
|--|------------|-----------------------------|-------------------------|
| 1.   | NAME:      | MAJOR(S):                   | DEGREE: (If Any)        |
|  | CITY:      | STATE:                      | ZIP:                    |
| 2.   | NAME:      | MAJOR(S):                   | DEGREE: (If Any)        |
|  | CITY:      | STATE:                      | ZIP:                    |
| <b>WORK EXPERIENCE</b>   |            |                             |                         |
| <b>Describe your paid and unpaid work experience. Do not attach job Descriptions.</b>  |            |                             |                         |
| 1.   | JOB TITLE: |                             |                         |
| START DATE (MM/YY):  |            | END DATE (MM/YY):           | STILL ACTIVE? YES or NO |
| EMPLOYER'S NAME & ADDRESS:   |            | SUPERVISOR'S NAME & NUMBER: |                         |
| DESCRIBE YOUR DUTIES:  |            |                             |                         |
| WHY DID YOU (OR ARE LOOKING TO) LEAVE?   |            |                             |                         |
| MAY WE CONTACT YOUR CURRENT SUPERVISOR?  |            |                             |                         |
| 2.   | JOB TITLE: |                             |                         |
| START DATE (MM/YY):  |            | END DATE (MM/YY):           | STILL ACTIVE? YES or NO |
| EMPLOYER'S NAME & ADDRESS:   |            | SUPERVISOR'S NAME & NUMBER: |                         |
| DESCRIBE YOUR DUTIES:  |            |                             |                         |
| WHY DID YOU (OR ARE LOOKING TO) LEAVE?   |            |                             |                         |
| MAY WE CONTACT YOUR CURRENT SUPERVISOR?  |            |                             |                         |
| DO YOU HAVE ANY OTHER QUALIFICATIONS OR EXPERIENCE THAT YOU WOULD LIKE US TO CONSIDER?   |            |                             |                         |
|  |            |                             |                         |
|  |            |                             |                         |
|  |            |                             |                         |
| <b>APPLICANT CERTIFICATION</b>   |            |                             |                         |
| <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 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> |            |                             |                         |
| <b>SIGNATURE:</b>  |            | <b>DATE:</b>                |                         |