

NAME \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST



## APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

*(Please Print)*

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Number	Street	City	State
				Zip Code
Telephone Number (s)			Social	Security
Number				
Email Address:				
Best time to contact you at home is..... : _____ AM _____ PM				
If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact your present employer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>				
Date available for work ____/____/____ What is your desired salary range? _____				
Are you available to work: <input type="checkbox"/> Full Time				
<input type="checkbox"/> Part Time (Please indicate: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings)				
<input type="checkbox"/> Temporary/Seasonal (Please indicate dates available: ____/____/____ - ____/____/____)				
Is there anything that would prevent you from performing your job duties as assigned?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	<b>Name and Address Of School</b>	<b>Course of Study</b>	<b>No. of Years Completed</b>	<b>Diploma/ Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:


Describe any job-related training received in the United States military:


# EMPLOYMENT EXPERIENCE

Start with your *present or last job*. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Name				
Address				
Telephone Number (s)		<u>Hourly/Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving:				
				May we contact current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2. Employer</b>		<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Name				
Address				
Telephone Number (s)		<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving:				
<b>3. Employer</b>		<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Name				
Address				
Telephone Number (s)		<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving:				
<b>4. Employer</b>		<u>DATES</u> From	<u>EMPLOYED</u> To	Work Performed
Name				
Address				
Telephone Number (s)		<u>Hourly Rate</u> Starting	<u>/ Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving:				

**If you need additional space, please continue on a separate sheet of paper.**

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


# ADDITIONAL INFORMATION

## Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.


## SPECIALIZED SKILLS (Check Skills / Equipment Operated/ Specialized Computer Applications)

___ Cash Register	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ 10-Key	___ Social Media	_____	_____
Typing WPM ___		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*


## REFERENCES:

<b>1.</b>	( )		
(Name)	Phone#		
(Address)	(City)	(State)	(Zip Code)
<b>2.</b>	( )		
(Name)	Phone#		
(Address)	(City)	(State)	(Zip Code)
<b>3.</b>	( )		
(Name)	Phone#		
(Address)	(City)	(State)	(Zip Code)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of one year from the date of application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## INSTRUCTIONS TO APPLICANT

After completing and signing this application please submit by:

▶ FAX: 559-897-0154

▶ EMAIL: *BravoFarmsJobs@comcast.net*

▶ MAIL: *Bravo Farms, PO Box 222, Traver, CA 93673*

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  YES  NO

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:  YES  NO Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

BY: \_\_\_\_\_  
Name & Title \_\_\_\_\_ Date \_\_\_\_\_