



OFFICE USE: Start Date _____ Wage _____

APPLICATION FOR EMPLOYMENT

PLEASE FILL OUT BOTH SIDES OF THE APPLICATION COMPLETELY				
TODAY'S DATE		PHONE NUMBER		ALTERNATE PHONE NUMBER
LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		BIRTH DATE
ARE YOU 18 OR OLDER? <small>NOTE: If under 18, proof of age must be provided.</small>		YES NO		
ARE YOU A LEGAL CITIZEN ELIGIBLE FOR EMPLOYMENT IN THE USA? <small>NOTE: If hired, federal law requires that you furnish documentation establishing your identity and eligibility to work in the United States.</small>		YES NO		
DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT LIMIT YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? IF YES DESCRIBE:		YES NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, LIST DATES AND DETAILS:		YES NO		
TYPE OF WORK PREFERRED		DATE YOU CAN START	PAY EXPECTED	
ARE YOU EMPLOYED NOW? YES NO	IF YES, WHERE?			
ARE YOU ON LAYOFF SUBJECT TO RECALL? YES NO	HOURS YOU CAN WORK			
<i>LIST ANY FRIENDS OR RELATIVES WORKING FOR SACKETT POTATOES:</i>				
NAME:		RELATIONSHIP:		
NAME:		RELATIONSHIP:		
IF HIRED, WHAT WOULD YOU USE FOR TRANSPORTATION TO & FROM WORK?				

EDUCATION/COURSE OF STUDY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	COURSE OF STUDY DEGREE RECEIVED
HIGH SCHOOL		FROM	YES NO	
		TO		
TECHNICAL, BUSINESS, OR OTHER		FROM	YES NO	
		TO		
COLLEGE OR UNIVERSITY		FROM	YES NO	
		TO		

CONTINUED ON OTHER SIDE

EMPLOYMENT HISTORY

LIST BELOW PAST AND PRESENT EMPLOYMENT BEGINNING WITH YOUR MOST RECENT. INCLUDE U.S. MILITARY EXPERIENCE.

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER (CITY, STATE)	SALARY	POSITION JOB RESPONSIBILITIES
FROM		STARTING	
TO		ENDING	
REASON FOR LEAVING:		PHONE NO.	
		FAX NO.	
MAY WE CONTACT THIS EMPLOYER? YES NO		CONTACT PERSON	
FROM		STARTING	
TO		ENDING	
REASON FOR LEAVING:		PHONE NO.	
		FAX NO.	
MAY WE CONTACT THIS EMPLOYER? YES NO		CONTACT PERSON	
FROM		STARTING	
TO		ENDING	
REASON FOR LEAVING:		PHONE NO.	
		FAX NO.	
MAY WE CONTACT THIS EMPLOYER? YES NO		CONTACT PERSON	
ANY PERIODS OF UNEMPLOYMENT? YES NO		IF YES, PLEASE EXPLAIN AND GIVE DATES:	
PLEASE LIST ANY FARMING EXPERIENCE, SKILLS, ABILITIES, HOBBIES, TRAINING, ETC. WHICH YOU FEEL MAY BE AN ASSET TO SACKETT POTATOES:			

PLEASE READ COMPLETELY BEFORE SIGNING BELOW:

I acknowledge that the facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that Sackett Potatoes operates 7 days per week and that, if I am employed by Sackett Potatoes, I may be scheduled to work any time or day of that week, including holidays.

I authorize Sackett Potatoes to use its personnel or any investigative agency to investigate my employment record, health, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies /bureaus, medical facilities, educational institutions and any other person(s) contacted by Sackett Potatoes representatives to provide Sackett Potatoes with all records and information they may have, personal or otherwise, relevant to my employment application with Sackett Potatoes. I release all parties who provide such records or information from all liabilities arising from such disclosures; and I waive any rights to notice of such disclosures.

I understand that neither this document nor any offer for employment constitutes an employment contract. Just as I am free to resign at any time, Sackett Potatoes reserves the right to terminate employment at any time, with or without cause and without prior notice. I understand that no representative of Sackett Potatoes has the authority to make assurances to the contrary. Sackett Potatoes is a drug-free work place. All offers of employment are conditional and contingent upon a negative substance abuse test result. Sackett Potatoes reserves the right to test randomly or otherwise during employment.

SIGNATURE _____ DATE _____

APPLICATIONS ARE KEPT ON FILE FOR 1 YEAR