



Employment Application Form (Front and Back)
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____				
Name _____				
Last	First	Middle	Maiden	
Present Address _____				
Number	Street	City	State	Zip
How Long _____		Social Security Number _____		
Home Telephone _____		Cell Phone _____		
If under 18, please list age _____				
<p>DAYS/HOURS AVAILABLE TO WORK - Please fill in times available on line by day of week or mark "no preference" if you are available all days and any hours</p>				
No Preference _____	Monday _____	Tuesday _____	Wednesday _____	
Thursday _____	Friday _____	Saturday _____	Sunday _____	
First date available to work? _____				
Are you available to lift over 40#?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you able to stand, lift, walk and bend for an extended period of time (6-8 hours)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you able to work outside in any type of weather elements (sun, rain, heat humidity, cold, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If, Yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____				
Do you have a driver's license		Yes	No	
What is your means of transportation to work? _____				

REFERENCES: (please use names of people other than family members):

Name _____ Name _____

Telephone _____ Telephone _____

How do you know this person? _____ How do you know this person? _____

WORK EXPERIENCE

Please list any previous work experience beginning with your most recent job held.

Name of employer _____ Phone Number _____

Employment Dates From (date) _____ To (date) _____

List duties performed, skills used or learned, and what you did on the job?

Name of employer _____ Phone Number _____

Employment Dates From (date) _____ To (date) _____

List duties performed, skills used or learned, and what you did on the job?

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge. I understand that Stacy Family Farm may investigate information I have furnished. I authorize any person, firm or organization to supply any information about me concerning my past employment, convictions or any other information to Stacy Family Farm and I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to Stacy Family Farm.

By Signing below, I certify that I have read and agree with these statements.

Signature of applicant _____ Date: _____

Please email this form to careers@stacyfarm.com

Stacy Family Farm is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on qualifications.

Thank you for completing this application form and for your interest in Stacy Family Farm.