

Employment Application Form (Front and back) Please Print ALL Information Requested Except Signature

						Date:		
Name					A: -1 -11 -		Maidan	
	Last		First	Λ.	/liddle		Maiden	
Present Address								
	Number	Street		City		State	Zip	
How Long				Social Secu	irity Numb	oer		
Home Telephone)			Cell Phone				
If under 18, pleas	se list age							
Days/hours a	available	to work						
How many days a	a week do <u>'</u>	you want to	work?				<u> </u>	
How many hours	a week do	you want to	work? _				_	
First date available	le to work?							
						C	Circle One	
Are you available	to lift over	40#?				Yes		No
Are you able to stand, lift, walk, and bend for an extended period of time (6-8 hours)?						Yes		No
Are you able to work outside in any time of weather elements (sun, rain, heat, humidity, cold, etc.)?						Yes		No
Have you ever been convicted of a crime?						No	,	Yes
If, Yes, explain nu recently such offe		` , ,		` '	•	, ,		
Do you have a dr	iver's licen	se				Yes		No
What is your mea	ns of trans	portation 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 employment Dates From (date) List duties performed, skills used or learned, and	_Phone Number _To (date)						
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.