



Employment Application

Today Date: _____

Personal

<i>NAME (Last)</i>	<i>First</i>	<i>Middle</i>	<i>Social Security Number</i>	
<i>LIST ANY OTHER NAMES used in past 7 years.</i>				
<i>HOME ADDRESS (Number & Street)</i>		<i>City</i>	<i>State</i>	<i>ZIP</i>
<i>PHONE NUMBER</i>		<i>EMAIL</i>		

Position

<i>Position Desired</i>	<i>Expected Pay:</i>	<i>Please Circle:</i>	<i>What Date Are You Available?</i>
	\$ _____	Hour/Week/Month/Year	
<i>Are you willing to travel? Yes No IF YES, any restrictions?</i>			<i>Work Availability</i>

Qualifications

<i>Class A CDL</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>State Issued:</i>	<i>Drivers License Number:</i>
<i>If No, are you willing to obtain?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Do you have an Applicators License?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>In what State was it issued?</i>	
<i>What experience do you have with Chemicals, Fertilizers, and/or applying Anhydrous?</i>	
<i>Mechanical Abilities:</i>	
<i>Welding:</i>	
<i>Experience with Pivots and Irrigation Equipment:</i>	
<i>Planting Experience:</i> <i>Crops Planted:</i> _____	
<i>Combined</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Cultivating and disc experience:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Equipment Operated (Make/Model):</i>	

Employment History

PRESENT OR LAST EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
2ND PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
3RD PREVIOUS EMPLOYER	<i>Company Name</i>	<i>Street Address</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City & State Where Located</i>	<i>Phone No. (with area code)</i>	<i>Type of Business</i>	<i>Ending Salary</i>
	<i>Position Title</i>	<i>Reason for Leaving</i>		<i>Are you eligible for rehire?</i> Yes No
	<i>Name of Supervisor</i>	<i>Title of Supervisor</i>	<i>Supervisor's Phone No.</i>	
<i>May we contact for a reference?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				

Education

<i>School</i>	<i>Name of School - Street Address, City & State</i>	<i>Degree Received</i>	<i>Year Received</i>	<i>Dates of Attendance</i>	<i>Major & Minor Fields of Study</i>
<i>High School</i>					
<i>College</i>					
<i>Other, including GED</i>					

I certify that I understand that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of the facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize Keller Farms, Inc. and/or its agents to verify any of this information. I authorize all persons, schools, companies, law enforcement agencies, and consumer reporting bureaus to release any and all information regarding my background. I release all parties from any liability for damage that may result from furnishing this information to you.

APPLICANT'S SIGNATURE	DATE:
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