

EDGEWATER ORCHARDS, INC.

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date _____

APPLICANT DATA:

Full Name: _____

Address: _____

Phone : (_____) _____ Cell/other Phone _____

Date available to start: _____ Social Security #: _____

If you are under 18, we require parent and school permission to work. Will this present any problems? _____ No _____ Yes

If yes, please explain: _____

Have you ever worked for this company? _____ No _____ Yes If yes, when? _____

Type of employment desired: _____ Full-time _____ Part Time _____ Seasonal

Position you are applying for: _____

Have you ever pled "guilty", "no contest", or been convicted of a crime? _____ No _____ Yes

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation rehabilitation, and position applied for will be considered.

Do you have a valid Washington state driver's license? _____ No _____ Yes

Number: _____

Who referred you to us? _____

EDUCATION:

High School _____

of Years completed: _____ Did you Graduate? _____

College/University: _____

of Years completed: _____ Did you Graduate? _____

Other:

of Years completed: _____ Did you Graduate? _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for leaving: _____

May we contact this employer for a reference? _____ No _____ Yes

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for leaving: _____

May we contact this employer for a reference? _____ No _____ Yes

Dates of Employment: From: _____ To: _____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title _____

Reason for leaving: _____

May we contact this employer for a reference? _____ No _____ Yes

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, education, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employer, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that completion of this application for employment offers no commitment on the part of the employer for above stated position or any other position.

Applications will remain active for 90 days. Applicants must renew their applications after that time period in order to be considered for other job openings.

Documentation proving legal right to work in the United States will be required upon hiring.

Signature of Applicant: _____ Date: _____