

Harvest Land

COOPERATIVE

APPLICATION FOR EMPLOYMENT: PRE-EMPLOYMENT QUESTIONNAIRE

HARVEST LAND COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.

Today's Date: _____

Referral Source: _____

PERSONAL INFORMATION

| | | | | |
|-------------------------|------------------------|-------------------------|-----------|---------|
| Name: | | Social Security No.: | | |
| Present Address Street: | City: | State: | Zip Code: | County: |
| E-mail Address: | | | | |
| Cell Phone: () () | Home Phone: () () | Best Phone to reach me: | | |

EMPLOYMENT DESIRED

| | | |
|---|--|--|
| Position: | Date you can start: | Desired Salary: |
| Available: please check all that apply: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |
| Are you looking for: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | What hours are you available to work? | |
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Supervisor: | | Phone: |
| Have you ever worked for these employers under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what name: | | |
| Have you ever received a written reprimand, or disciplinary suspension during any previous employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, please describe where and write an explanation: | | Yes, please describe where and write an explanation: |
| Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | When? | |
| Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you 18 years or older? | |
| If no, are you 16 years of age or older? | | |

EDUCATION

| | Name and Location of School | No. of Years Attended* | Did you Graduate? | Area(s) of Concentration |
|----------------------|-----------------------------|------------------------|-------------------|--------------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade/Correspondence | | | | |

* The age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.

GENERAL

Extra-curricular activities and achievements:

| |
|--|
| U.S. Military or Naval Service <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a crime? |
| <i>A yes answer to this question will not necessarily bar you from employment. Factors, such as the nature of the crime, age at the time of commission, length of time since conviction, rehabilitation efforts, work relatedness of the crime, etc. will be considered in making the employment decision.</i> |
| If yes, please list all crimes and write an explanation. Do not include convictions for which the record has been sealed, expunged, or eradicated. A criminal history will not necessarily bar you from employment. |

FORMER EMPLOYERS (List most recent employers in sequence of employment.)

| Date: (Month/Year) | Name and Address of Employer | Salary | Position | Reason for Leaving |
|--------------------|------------------------------|--------|----------|--------------------|
| From: | | | | |
| To: | | | | |
| | Telephone: | | | |
| From: | | | | |
| To: | | | | |
| | Telephone: | | | |
| From: | | | | |
| To: | | | | |
| | Telephone: | | | |

If you do not have any work history, please explain:

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

| Name | City and Phone | Relationship | Yrs Known |
|------|----------------|--------------|-----------|
| | | | |
| | | | |
| | | | |

Additional comments, skills or information you feel is relevant to the position you are applying for.

Positions that require operating a company vehicle or mileage reimbursement, must submit upon acceptance of a formal employment offer, approval for Harvest Land to attain your current Motor Vehicle Report (MVR). MVR's will be reviewed to determine your insurability based on HLC's insurance carrier and company policy. Failure to be insurable may be cause for an employment offer to be rescinded.

Applicant Statement

"I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if hired, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date

Signature