



# Application for Employment

Please Print Clearly, Complete All Items

**Personal Information:** Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Age (Check one)  Under 16  16 or 17  18 or Over  
(If under 18 years of age a work permit or certificate may be required as a condition of employment.)

Is your citizenship or status such that you can lawfully work in the U.S.?  Yes  No

Have you ever worked for Ross Seed Company?  Yes  No

Yes  No If yes, when? \_\_\_\_\_  
Dates Employed Location and Company

How did you learn of our organization?  Walk-in  Newspaper  School  Referral  Agency  
 Other \_\_\_\_\_

Do you have any relatives working for any of the companies listed?  Yes  No

**Employment Desired:**

**Days & Hours available to work:**

Position: \_\_\_\_\_  
 Salary requirements: \_\_\_\_\_  
 Date you can start: \_\_\_\_\_

<input type="checkbox"/> Check here if available any hours							
If restrictions, Indicate AVAILABLE hours below							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

Education	Name & Location	Course of Study	Yrs Completed	Graduated	Degree Received
High School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Vocational, Other				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

**References:** Provide the Names and Addresses of 3 persons not related to you, whom you have known at least one year.

Name	Phone	Address	Business	Yrs known

**General Information:**

Why would you like to work here? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime (other than a minor misdemeanors such as traffic violation)?  Yes  No  
If yes, explain number of convictions, nature of offense(s) leading to each conviction, how recently such offense(s) was/were committed, sentence(s) for each conviction, and type of rehabilitation for each conviction (use a separate piece of paper if necessary to fully explain each). \_\_\_\_\_  
\_\_\_\_\_

A conviction is not an automatic bar to employment

**Former Employers:** List below the last three, starting with your present or most recent employer.  
**May we contact your present & past employers?**  Yes  No

Employer No. 1 (present or most recent)		Address:		Phone No.
Employed (Month & Year) From To	Rate of pay Start Final	Supervisor & Title	Avg. Hrs. per Wk.	
Your Job Title		Describe Your Duties		
Reason for Leaving				

Employer No. 2		Address:		Phone No.
Employed (Month & Year) From To	Rate of pay Start Final	Supervisor & Title	Avg. Hrs. per Wk.	
Your Job Title		Describe Your Duties		
Reason for Leaving				

Employer No. 3		Address:		Phone No.
Employed (Month & Year) From To	Rate of pay Start Final	Supervisor & Title	Avg. Hrs. per Wk.	
Your Job Title		Describe Your Duties		
Reason for Leaving				

**Read Carefully Before Signing**

I certify that all my answers in this Employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty days only.

I authorize the company to investigate and verify my answers and I give the Company permission to contact schools, previous employers, references, and others in it investigation. I release both the Company and the party providing the information from any liability for this purpose. I also release the Company from any liability for providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest.

I also authorize the Company to secure financial and credit information through a consumer reporting agency, and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Company requirements which are conditions of employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy, manual, employment handbook, or other communications fro the Company. I Understand that the Company may change its policies and rules in the future without giving notice to me.

I understand that the Company may require drug and alcohol testing as a condition of employment, subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the Company any confidential information, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that employment with the Company will be TERMINABLE AT WILL, that no employment contact will be valid unless made in writing and signed by the Company's Senior Vice President of Human Resources, and that my employment my be ended at any time, for any reason, by me or the Company. If employed, I further understand that my first ninety (90) days are a probationary period (which may be extended in the Company's discretion), to determine whether my Continued employment is appropriate.

**I HAVE READ AND UNDERSTAND THE ABOVE**

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_