BLUEBERRY RANCH EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, sexual orientation, national origin, age, marital status, or non job-related disability.

First Name		Middle	Last Name		
Home Phone # Cell Phone Emergency Contact Name and Phone #				E-mail:	
Are you at least	18 years of age?	□Yes □No			
Proof of age may be re	equired to ensure com	pliance with laws concern	ing the employment of mir	ors.	
Current Address			How Long?		
Previous Address			How Long?		
	-	glish	Other ork in the United Sta	tes? □Yes □No	
=	_	ny before? □Yes			
Are you related t		ne who currently wo	orks for the company	√? □ Yes □No	
Previous Employer	rs Dates				
Name:			om: Mo Yr	To: Mo. Yr.	
Address:			Position Held:		
City:	State:	Zip: Re	eason for Leaving		
Contact:	Phone #:	Cu	Currently Employed: Yes No		
Name:			om: Mo Yr	To: Mo. Yr.	
Address:			Position Held:		
City:	State:	Zip: Re	eason for Leaving		
Contact:	Phone #:		rently Employed: Yes No		

Experience and Qualifications-Other
List any experience that may help in your work for this company (example: tractor driver, forklift driver, mechanic, office skills, etc.)
Applicant Statement
<u>AFFIRMATION</u> . I affirm that the information provided on this application is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.
<u>AUTHORIZATION/RELEASE</u> . I authorize the Company to investigate all statements contained in this application, to contact my previous employers, and to discuss my employment history with them. I authorize my former employers to disclose and discuss my employment history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion. I release the Company and such disclosing parties from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.
ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to perform the essential job functions of the job I seek or my ability to complete this application, I may ask the Company to attempt to make a reasonable accommodation for it.
I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.
Applicant Signature Date