

**ESBENSHADE FARMS
&
ESBENSHADE MILLS
EMPLOYMENT APPLICATION**

Name: _____ Date: _____

Address: _____

Social Security No. _____ - _____ - _____ Phone No. (_____) _____ - _____

Are you 18 or older? Yes No

Are you prevented from lawfully becoming employed in this Country because of visa or immigration status? Yes No

Do you or anyone you live with have any contact with chickens, turkeys, geese, ducks, show birds, backyard flocks, etc.? Yes No

Position applying for: _____ Date you can start: _____ Salary desired: \$ _____

Referred by: _____

Presently employed? Yes No If yes, may we inquire of your present employer? Yes No

Have you applied to Esbensshade Mills (the "Company") or to Esbensshade Farms before? Yes No
If yes, when? _____

U.S. Military or naval service? Yes No Rank: _____

Membership in National Guard or Reserves? Yes No

EDUCATION	Name & Location of School	No. of years Attended	Graduate?	Subjects
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

FORMER EMPLOYERS

Date (mm/yy)	Name, Address, Phone Number of Employer	Salary	Position	Reason for leaving
From: / To: /	_____			
From: / To: /	_____			
From: / To: /	_____			
From: / To: /	_____			
From: / To: /	_____			

PERSONAL REFERENCES

(give names of three people not related to you, whom you have known for at least two years)

Name	Address & Phone Number	Occupation	Years Acquainted

In case of emergency notify:

Name: _____ Phone No. (____) _____ - _____
 Address: _____

- I CERTIFY THAT I HAVE READ AND DULY COMPLETED THIS EMPLOYMENT APPLICATION AND THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY OMISSION OR ERRONEOUS INFORMATION IS GROUNDS FOR REJECTION OR DISMISSAL.
- I AUTHORIZE THE PERSONAL REFERENCES LISTED ON THIS APPLICATION TO GIVE THE COMPANY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY AND ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE OR INJURY THAT MAY RESULT FROM FURNISHING THE INFORMATION TO THE COMPANY.
- IF I HAVE AUTHORIZED THE COMPANY TO CONTACT MY PRESENT EMPLOYER, I FURTHER AUTHORIZE SUCH EMPLOYER TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT AND PERTINENT INFORMATION IT MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY AND ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE OR INJURY THAT MAY RESULT FROM FURNISHING THE INFORMATION TO THE COMPANY.
- IF I AM HIRED BY THE COMPANY, I AGREE TO CONFORM WITH AND ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY, AS MAY BE AMENDED FROM TIME TO TIME. THE RULES AND REGULATIONS DO NOT CREATE ANY PROMISES OR CONTRACTUAL OBLIGATIONS BETWEEN THE COMPANY AND ITS EMPLOYEES.
- I ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT IS "AT WILL". THIS MEANS THAT I AM FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE, AND THE COMPANY RETAINS THE SAME RIGHTS. THE OWNER OF THE COMPANY IS THE ONLY PERSON WHO MAY MAKE AN EXCEPTION TO THIS, AND IT MUST BE IN WRITING AND SIGNED BY THE OWNER OF THE COMPANY.
- I ACKNOWLEDGE THAT THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. VARIOUS FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION ON ACCOUNT OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERANS STATUS. IT IS THE POLICY OF THE COMPANY TO COMPLY FULLY WITH THESE LAWS, AS APPLICABLE, AND INFORMATION REQUESTED ON THIS APPLICATION WILL NOT BE USED FOR ANY PURPOSE PROHIBITED BY LAW.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Date interviewed: _____ By: _____
 Hired: Yes No Salary/Wage: \$ _____ Date starting: _____ Position: _____
 Remarks: _____