

Tioga Farm & Home, Inc. Employment Application

PLEASE PRINT NAME _____

LAST

FIRST

MIDDLE

DATE _____

PRESENT
ADDRESS _____

NUMBER/STREET

CITY

STATE

ZIP

AN EQUAL OPPORTUNITY EMPLOYER: Tioga Farm and Home, Inc. believes in providing equal opportunity for all and will not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability or veteran's status.

TIOGA FARM AND HOME, INC. IS COMMITTED TO A DRUG FREE WORKPLACE. Applicants may be required to pass a drug screening test as a condition of employment.

TELEPHONE(____) _____ Date available to start: ____/____/____ F/T P/T Seasonal

If seeking part time employment, state hour's available _____ # of hours desired _____

Are you 18 yrs or older? Yes No State age if younger than 18 _____ Do you have working papers? Yes No

EMPLOYMENT RECORD (Include at least (10) years of employment history, including part time or U. S. military service.)

	COMPANY NAME AND ADDRESS	POSITION HELD AND DUTIES	DATES				WAGES AT LEAVING	NAME OF YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING
			FROM		TO				
			MO	YR	MO	YR			
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION (CITY AND STATE)	COURSE	DID YOU GRADUATE? (IF NOT, WHY?)
GRAMMAR				
HIGH SCHOOL				
COLLEGE /BUSINESS				DEGREE RECEIVED
CORRESPONDANCE				CUMULATIVE AVERAGE
OTHER				

EXTRA CURRICULAR ACITIVITIES, WHICH YOU CONSIDER RELEVANT TO PERFORM THE JOB

OTHER TRAINING AND/OR EXPERIENCE

ADDITIONAL INFORMATION:

<p>WORK PREFERENCE: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Summer</p> <p>POSITION DESIRED:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Do you have a means of transportation should you be considered for employment? Yes _____ No _____</p> <p>Are you employed by more than one company? Yes _____ No _____</p> <p>SALARY REQUIREMENTS _____</p>	<p>Do you know of any conflicts, personal or otherwise, which would restrict the hours you can work? Yes _____ No _____</p> <p>If yes, explain: _____</p> <p>REFERENCES: (List two occupational references we may contact. If there are none, list educational references.)</p> <p style="text-align: right;">Years Acquainted</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In case of emergency, notify:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">NAME</td> <td style="width:33%; border-bottom: 1px solid black;">ADDRESS</td> <td style="width:33%; border-bottom: 1px solid black;">PHONE</td> </tr> </table>	NAME	ADDRESS	PHONE											
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<p>ADDITIONAL DATA</p> <p>ALL DRIVING POSITION APPLICANTS</p> <p>Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a C.D.L. license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>EXPERIENCE-List Years and Months Driving Each</p> <p>Automobile _____</p> <p>Light Trucks, Under 10,000 GVW _____</p> <p>Heavy Straight Trucks 10,000 GVW and Over _____</p>														
<p>LIST ALL CURRENT MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">ISSUING STATE</th> <th style="text-align: left; border-bottom: 1px solid black;">TYPE</th> <th style="text-align: left; border-bottom: 1px solid black;">NUMBER</th> <th style="text-align: left; border-bottom: 1px solid black;">EXPIRATION DATE</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	ISSUING STATE	TYPE	NUMBER	EXPIRATION DATE					<p>LIST EACH MOTOR VEHICLE ACCIDENT IN WHICH YOU WERE INVOLVED DURING THE THREE (3) YEARS</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">DATE</th> <th style="text-align: left; border-bottom: 1px solid black;">NATURE OF ACCIDENT</th> <th style="text-align: left; border-bottom: 1px solid black;">FATALITIES OR INJURIES CAUSED (SPECIFY)</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	DATE	NATURE OF ACCIDENT	FATALITIES OR INJURIES CAUSED (SPECIFY)			
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<p>LIST ALL MOTOR VEHICLE LAW OR ORDINANCE VIOLATIONS (OTHER THAN PARKING TICKETS) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE THREE (3) YEARS PRECEDING DATE OF APPLICATION</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">DATE</th> <th style="text-align: left; border-bottom: 1px solid black;">VIOLATION</th> <th style="text-align: left; border-bottom: 1px solid black;">AMOUNT</th> <th style="text-align: left; border-bottom: 1px solid black;">RESULTS</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	DATE	VIOLATION	AMOUNT	RESULTS											
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<p>I HAVE <input type="checkbox"/> OR HAVE NOT <input type="checkbox"/> HAD MY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE DENIED, REVOKED OR SUSPENDED. IF YOUR ANSWER IS "YES" YOU MUST SUBMIT IN DETAIL THE FACT AND CIRCUMSTANCES INVOLVED. _____</p>															

Employment is conditional until the information provided by you in this application has been verified.
 I certify that the information on this application is true and correct to the best of my knowledge and I understand that any misrepresentation or omission of fact shall be cause for disqualification for employment or dismissal from employment. I hereby authorize an investigation of statements contained in the application and release from all liability and claims all persons and companies supplying information. I understand that my employment with the company would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or the company may terminate my employment at any time for any reason.

SIGNATURE OF APPLICANT _____ DATE _____