



APPLICATION FOR EMPLOYMENT

Last	First	Middle	Date
Street Address		City	State Zip # of years there?
Home Phone		Cell Phone	E-Mail Address
Previous Address		City	State Zip
Social Security No		Driver's License Number	State
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year			
Position applied for:		When are you available to start work?	
Employment desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
Days/hours available to work:	Are you available to work holidays and/or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work O/T? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special training or skills (languages, machine operations, certifications, etc.)?			
How did you learn of our organization?	Were you referred by someone <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?		Any Relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Have you ever been convicted of a crime which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe in full:			
Have you ever been discharged/released from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			

EDUCATION

	SCHOOL NAME AND LOCATION	COURSE OF STUDY	NO. OF YRS COMPLETED	DID YOU GRADUATE	DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No Year_____	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No Year_____	
OTHER					

Do you intend to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details: _____

EMPLOYMENT

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer		Job Title	Employment dates	
Address City State Zip			From To	Start Final
Phone Number	supervisor		Reason for Leaving	
Describe job duties:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

Name of employer		Job Title	Employment dates	
Address City State Zip			From To	Start Final
Phone Number	supervisor		Reason for Leaving	
Describe job duties:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

Name of employer		Job Title	Employment dates	
Address City State Zip			From To	Start Final
Phone Number	supervisor		Reason for leaving	
Describe job duties:			Can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Branch of Service:	Period of Duty: From: _____ To: _____	Date of Final Discharge:
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(OVER)

Why would you like a job with this company? _____

What job (or activity) have you most enjoyed and why? _____

What job (or activity) have you least enjoyed and why? _____

I understand that:

- If hired, employment at Lambs Farm is not for any specified term and may be terminated by the employee or by Lambs Farm any time for any reason, with or without cause.
- If I am applying for a position in which I will be operating a motor vehicle, I will be required to have a valid driver's license and a safe driving record.
- To receive final consideration for hire, successful completion of Lambs Farm medical examination and drug screening may be required.
- Proof of identity and proof of authorization to work in the United States must be given in accordance with the Immigration and Control Act of 1986 and any amendment thereto
- If hired, a fingerprint background check will be conducted.

I authorize my references, employers, school and civilian or military authorities to furnish information requested by Lambs Farm and thereby release all such information on record to Lambs Farm.

I certify that all my statements given on this application are correct and realize that falsification, misrepresentation, or material omission of information of this or any other personnel record may result in the withdrawal of any offer made or in my discharge.

Signature

Date

Prospective employees will receive consideration without discrimination because of race, national origin, religion, disability, pregnancy, age, marital status, military status, gender, sexual orientation/sexual identity.

