



# CASTLE FARMS

## Employment Application

| APPLICANT INFORMATION                     |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name                                 | First                        | M.I.                        | Date  |
| Street Address                            |                              | Apartment/Unit #            |   |
| City                                      | State                        | ZIP                         |   |
| Phone                                     | E-mail Address               |                             |   |
| Date Available                            | Social Security No.          | Desired Salary              |   |
| Position Applied for                      |                              |                             |   |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |              |
|---|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |

**PREVIOUS EMPLOYMENT**

|  |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (    )       |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|