

Employment Application

PLEASE NOTE: We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address

Name (First, MI, Last)	Telephone
Mailing Address	
City, State, and Zip Code	
If under 18, what is your date of birth?	Email

Position Applying For

- | | |
|--|--|
| <input type="checkbox"/> Breeder Facility Team Leader
<input type="checkbox"/> Packing Associate
<input type="checkbox"/> Shipping Associate | <input type="checkbox"/> Retail Store Associate
<input type="checkbox"/> Customer Service Representative
<input type="checkbox"/> Barn Assistant |
|--|--|

Availability

Days/hours available to work					<input type="checkbox"/> I have no preference	
<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
How many hours can you work weekly?			Date available to begin		Salary/Pay Requirement	
I am seeking: <input type="checkbox"/> Full-time job			<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full- or Part-time	

Additional Information

Have you ever been employed by this organization in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:			
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what state?
Do you have reliable transportation to/from work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Experience

Please list work experience beginning with the most recent job held.

Company	Name of Supervisor	Hours/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs held, duties performed, skills used, and promotions while employed by this company

May we contact this employer? Yes No

Company	Name of Supervisor	Hours/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs held, duties performed, skills used, and promotions while employed by this company

May we contact this employer? Yes No

Company	Name of Supervisor	Hours/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs held, duties performed, skills used, and promotions while employed by this company

May we contact this employer? Yes No

Education				
School	Location (city and state)	Years completed	Major	Degree or diploma
High School				
College or Business/Trade School				
Military				
Have you served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date entered	Date discharged	
References				
Please list three references other than relatives or previous employers				
Name	Telephone	Address		
Name	Telephone	Address		
Name	Telephone	Address		
Work Related Questions				
Can you lift/carry at least 55 lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you be able to handle live birds, chicks and adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any allergies to dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work with strong odors and chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Read, Answer, and Initial Each Paragraph				
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and be either me or the company.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
I permit the company to examine my record of employment, education record, and any other information I have provided. I release the company, my former employers, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such examination or revelation.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
Signature			Date	