



Job Application

www.htreafarms.com

(541) 558-3876

Date applying: _____

Date Available to Start Work: _____

Last Work Day, if known: _____

Job opportunity for which you are applying? _____

Name: _____
Last First Middle

Address: _____
Street State Zip

Social Security #: _____ City _____

Driver's License #: _____ State: _____

Cell Phone: _____ **Are you under 18 yrs? Yes [] No []**

Email: _____

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE UNITED STATES? YES [] NO [] WORK PERMIT#: _____

(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9.)

WORK EXPERIENCE

Date/Yr	Employer / Address / Phone #	Duties	Reason For Leaving
1			
2			
3			
4			

Summarize special skills and qualifications acquired from employment or other experiences as it would relate to farm work:

Work References (Not related to you)

Contact Name	Phone	Company Name	Years Known
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Can you perform the essential functions of the job(s) for which you are applying?

Yes [] No []

***PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.**
ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all information I have provided in this application (and resume or any other supplementary materials) is correct and complete. I understand that any false information will be grounds for refusal to hire or discharge if I am employed. I authorize any of the persons and organizations named above to give you complete information and records regarding my employment, education, character and qualifications.

Yes [] No []

I understand my employment is conditional upon the satisfactory results of a mandatory urine test to detect drug use.

Yes [] No []

I understand that my employment can be terminated, for any reason which is determined by the Company to be sufficient reason or at my option, without notice, at any time. Any promises different from this must be signed by the President or Vice President and myself to be valid.

Yes [] No []

I have read, understand and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings for more than the (90) days from the date I signed above, I will submit a new application.

FOR COMPANY USE ONLY

Employment Date: _____ Employee No. #: _____

Starting Wage: _____ Job Assignment/Position: _____

Shift: _____

Notes: _____

