

Polly's Planting & Plucking, Inc.

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Application for Employment

Name

LAST

FIRST

MIDDLE

Address

STREET

APT

CITY

STATE

ZIP

Telephone ()

Telephone 2 ()

E-Mail

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, sexual orientation, veteran's status, citizenship status, or any other protected classes under state, local, or country regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

ALL QUESTIONS MUST BE ANSWERED.

STATE "N/A" IF QUESTION IS NOT APPLICABLE.

THIS IS A DRUG FREE WORKPLACE

Personal Information (PLEASE PRINT)

Date of Application _____ Position(s) Applying For _____
(Please be specific, not Open/Any)

Salary Expectation _____ On what date would you be available for work? _____

Are you available to work Full-time Part-time Weekends Temporary

How were you referred to us? _____

Have you filed an application here before? Yes No If yes, date/location _____

Have you ever been employed here before? Yes No If yes, date/location _____

Are you employed now? Yes No May we contact your present employer? Yes No

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Are you on a layoff and subject to recall? Yes No

Have you ever been discharged or requested to resign from a position? Yes No If yes, explain. _____

How much time have you lost from work during the last 12 months? _____

Do you have steady transportation to work? Yes No Can you travel if a job requires it? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

Have you ever been refused Bond? _____ If Yes, please explain _____

Are you legally eligible to work in the United States? Yes No
(Proof of citizenship/immigration status & identity is required upon employment)

Have you ever been convicted of or received a sentence for a crime(s) other than a minor traffic violation?
(Answering "yes" is not an automatic bar to employment)

Yes No If so, state date, court and place where offense(s) occurred. _____

Do you hold a valid driver's license? Yes No List State _____

Have you been convicted of any moving violation(s) in the last 3 years? _____ If Yes, give date(s) and explanation.

List three things that are important to you in a work environment 1) _____

2) _____ 3) _____

List three characteristics that best describe you 1) _____

2) _____ 3) _____

Why do you want to work here? _____

Full Employment History (Must be completed even when accompanied by resume)

Start with your present or last job. Include ALL assignments and positions held. Be specific about information and dates.

A COMPLETE WORK HISTORY MUST BE PROVIDED. ALL EMPLOYMENT "GAPS" MUST BE LISTED.

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities	
	From (Mo/Yr)	To (Mo/Yr)		
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:				
Employer	Dates Employed			Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)		
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:				
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities	
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Address (Street, City and State)				
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Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:				
Employer	Dates Employed			Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)		
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:				
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities	
	From (Mo/Yr)	To (Mo/Yr)		
Address (Street, City and State)				
	Phone:			
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> State Reason:				

If you need additional space to provide a full work history, you must request a separate sheet(s) of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

List professional, trade, business or civic activities and offices held _____

Computer skills (list programs and proficiency level) _____

Typing _____ WPM Shorthand _____ WPM

What foreign languages do you speak, read and/or write? _____

Education Information

SCHOOLING	YEARS COMPLETED	DEGREE REC'D. & MAJOR SUBJ.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
GRAMMAR/HIGH SCHOOL					
TRADE/BUS. OR CORRESPONDENCE					
COLLEGE					
GRADUATE SCHOOL					

Honors Received: _____

Military Service

Branch of Service and Serial Number	Present Selective Service Classification	Rank at Discharge
List Duties/Special Training		

Agreement

The Facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless such change is specifically acknowledged by an authorized executive of the company. I further understand that my "at will" employment may be terminated at any time by myself or the company and includes no guarantee, contract or promise of employment for any specific length of time. I understand that the first thirty (30) days of employment is a new hire introductory period.

Signature of Applicant

Date

In case of emergency, I authorize you to notify:	
Work Phone ()	Home Phone ()