

Bonnie Lea Farm Employment Application Form

PLEASE TYPE OR PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DATE

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, veteran status, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

PERSONAL INFORMATION						
Name:						
Last	First	Middle	Maiden			
Present address:						
Number	Street	City	State	Zip		
How long at this address:						
Telephone: (____) _____				Email:		
Days/hours available to work						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
How many hours can you work weekly?		Can you work evening/nights?		Weekends?		
When are you available to start work?			Are you over 18 years old?			
If hired, will you be able to show proof of employment eligibility (complete an I-9 form)?						
EDUCATION						
	High School	College		Bus. or Trade School		
Name of School						
Address						
Major/Degree						
Number of Yrs Completed						
Dates						
HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes						
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO WORK? Yes No

MILITARY EXPERIENCE		
Have you ever been in the ARMED FORCES?	Yes	No
Are you now a member of the NATIONAL GUARD?	Yes	No
Specialty	Date Entered	Discharge Date

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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 company:

Address:

Phone number:

Name of last supervisor and email:

Employment dates:

Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of company:

Address:

Phone number:

Name of last supervisor and email:

Employment dates:

Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of company:

Address:

Phone number:

Name of last supervisor and email:

Employment dates:

Your last job title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Please list two references other than relatives or previous employers.	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone: (____)	Telephone: (____)
Email:	Email:
Relation:	Relation:

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did?

ADDITIONAL INFORMATION
<p>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please summarize any horse or farm experience here. Feel free to use additional space.</p>

PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by BONNIE LEA FARM (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of BONNIE LEA FARM or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the General Manager of the Company. Both the undersigned and Lisa DeMayo may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a strict no smoking, no drug and no alcohol on the grounds policy; and continued employment is based on following this policy.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable **at-will** for any reason by either party.

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.