

James Lake Farms, Inc.

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of Application:_____ Boot Size:_____

Personal Information

Name

Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____

Telephone (Day)_____ Telephone (Evening)_____

Social Security # _____

- Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You are required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.) ☐ Yes ☐ No

- Are you 18 years of age or older? ☐ Yes ☐ No

(If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.)

- Have you ever been convicted of a felony? (This will not necessarily affect your application.) ☐ Yes ☐ No

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

When can you start? _____ Desired Wage \$ _____

Are you available for part-time work? ☐ Yes ☐ No

Are you willing to accept temporary or seasonal employment? ☐ Yes ☐ No

Education: School Name and Location _____ Year _____ Major _____ Degree _____

High School _____

College _____

College _____

Post-College _____

Other Training _____

In addition to your education, are there are other skills, qualifications, or experience that we should consider?

Work History (Please list last three employers)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

References

List two personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify: _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986, you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with this company. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with our company.

Any one of the following: (These establish both identity and employment authorization.)

1. U.S. Passport.
2. Certificate of U.S. Citizenship (issued by USCIS).
3. Certificate of Naturalization (issued by USCIS).
4. Resident alien card or other alien unexpired endorsement card, with photo or other approved identifying information which evidences employment authorization.
5. Unexpired foreign passport with unexpired endorsement authorizing employment.

Or one from List A and List B:

List A (These establish employment authorization.)

1. Social Security card.
2. Birth Certificate or other documentation that establishes U.S. nationality or birth.
3. Other approved documentation.

List B

1. Driver’s license or similar government identification card with photo or other approved identifying information.
2. Other approved documentation of identity for applicants under age 16 or in a state that does not issue an I.D. card (other than a driver’s license).