

## **APPLICATION FOR EMPLOYMENT**

Date:	Position Applied For:					
(Your Employment is subject to	verification that you m	neet minimum legal United States of		ents and that ;	ou are legally qu	valified to work in the
PERSONAL						
Name:			Social	Security Nur	nber:	
Last	First	Middle_		,		
Address:PO Box	Stree		City		State	Zip
			•			
Primary Telephone: _()		Em	nergency Tele	ephone: <u>(</u>	)	
<b>EDUCATION</b> Ci	cle Last Primary Gra	ade Completed 1	2 3 4 !	5 6 7 8	9 10 11 12	
	SCHOOL NAME	LOCA	ATION	YEARS (	COMPLETED	TYPE DEGREE
HIGH SCHOOL						
COLLEGE / VOCATIONAL						
COLLEGE / VOCATIONAL						
List job skills acquired / semir proficiency.	nars attended / on th	ne job training red	ceived / macl	hines that yo	u can operate,	etc. and level of
proficiency.						
-						
Honors received/professional	memberships/offices	s held:				
(75	- Marana andriah anana	d'l		'		
(If you wish, you may exclude	e tnose, wnich may (	aisciose your race	e, color, religi	ion, nationai	origin, ancestry	, sex, or age.)
EMPLOYMENT RECORD						
Please list all employment pos	sitions beginning wit	th your present of	r most currer	nt job. Please	complete all b	lanks.
Most Recent Employment						
Name of Firm:		Address:		City, S	Т:	
Phone:		Last Superviso	r:			
Job Title:		Employed Froi	n:	To:		
Starting Salary:	Per		Salary:	·	per	
Specific Duties:	•		•		•	
Reason for Leaving:						



work.

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Prior E				r				
Name of Firm:		Address:		City, ST				
Phone	::			Last Sup				
Job Ti				Employe		То:		
	ng Sala		Per	E	Ending Salary:	per		
Specif	ic Dutie	es:						
Reaso	n for L	eaving:						
Prior E								
Name	of Firm	າ:		Address:	ı	City, ST		
Phone	:			Last Sup				
Job Ti				Employe		To:		
	ng Sala		Per	E	Ending Salary:	Per		
Specif	ic Dutie	es:						
Reaso	n for L	eaving:						
Prior E				1		Lauren		
	of Firm	า:		Address:		City, ST		
Phone				Last Sup		T =		
Job Ti				Employe		To:		
	ng Sala		Per	1	Ending Salary:	Per		
Specif	ic Dutie	es:						
Reaso	n for L	eaving:						
MISCE	LLANE	OUS						
VEC	NO	1						
YES	NO	Verification of your legal right to work in the United States will be required after employment. Will you be					ou bo	
		able to supply such verification?					ou be	
		Have you ever been employed at Mountainview Mushroom Farms?						
		Have you made previous application to Mountainview Mushroom Farms?						
		Are you on a layoff or subject <i>to</i> recal				III I dillis:		
	I	If yes, what company?						
		When will recall rights cease?						
		Wileii Will rec	all rights cease	:				
YES	NO							
113	110	Have you bee	n convicted of	a crime which ha	as not been annull	ed evnunged eradicated or sealed by		
		Have you been convicted of a crime which has not been annulled, expunged, eradicated or sealed by a court?						
		Have you ever been reprimanded or disciplined by a previous employer for violations of work or safety rules?						
Have you ever been discharged by a pro					impleyer for violations of work or sure	ty ruics.		
If you	answe					n the space provided below		
II you	arisve	ica yes to arry t	or the last times	e questions abov	c, picase explain ii	The Space provided below		
YES	NO							
			able for full time					
		Are you interested in temporary employment?						
	i	Are you willing to work over 8 hours a day if the job requires it?						
		Are you willing	g to work over	8 hours a day if	the job requires it	?		
		Mountainview	g to work over Mushrooms op	8 hours a day if perates day and	the job requires it night shifts, seven	? days a week. Are you available for wo	ork any	
		Mountainview time?	Mushrooms op	perates day and	night shifts, seven	days a week. Are you available for wo		



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OTTIER IN ORMATION	
provided below is for your use in explaining	ications for a position at Mountainview Mushroom Farms, the additional space your response to previously asked questions and in describing your job related
capabilities and career interests.	
I hereby certify that the information contain	ed in this application is true to the best of my knowledge, and agree to have any
of the statements checked by Mountainview listed above to provide Mountainview Mus pertinent information that they may have. Furnishing such information to Mountainview	w Mushrooms unless I have indicated to the contrary. I authorize the references throoms any and all information concerning my previous employment and any further, I release all parties from all liability for any damage that may result from Mushrooms, LLC or from use of such information by Mountainview Mushrooms. I fication, or material omission of information may result in my failure to receive an
herein agree that my employment and comnotice, at anytime, either at my option or at the company other than the Chief Executive agreement for employment for any specified Chief Executive Officer and/or President of unless (he/she) does so specifically and in	the to conform to the rules, policies and standards of Mountainview Mushrooms. If the option can be terminated at will, with or without cause, and with or without the option of the company. I understand that no employee or representative of the Officer and/or President of the company has any authority to enter into any disperiod of time or to make any agreement contrary to the foregoing. Further, the the company may not alter the at-will nature of the employment relationship writing. I also understand that all offers of employment are conditioned on the this identity and legal authority to work in the United States of America.
DATE SI	GNATURE OF APPLICANT

Mountainview Mushrooms, LLC does not discriminate on an unlawful basis with regard to race, religion, national origin, color, sex. age. or disability.

sex, age, or disability. **An Equal Opportunity Affirmative Action Employer** M / FN / H Mountainview Mushrooms, LLC



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VOLUNTARY AFF	IRMATIVE A	CTION INFORMATION RE	QUEST			
			n Reports annually. Your supply of the follo			
voluntary and will help	us in complyin	g with this Federal requirement.	This portion of your application will be deta	ached and the in	formation	
that it contains will no	t be used in ma	king employment decisions.				
Print Full Name		Social S	Social Security Number E		Birth Date	
			·			
SEX	□ Male	□ Female				
RACE	□ Black	☐ Asian or Pacific Islander	□ Native American or Alaska Native	☐ Hispanic	□ White	
PHY. HANDICAP	□ Yes	□ No		-		
	If Yes then,	□ Back	□ Head	□ Limb	□ Other	
	Explain					
VETERAN	□ Yes	□ No				
VEIERAIN			□ \ /i atma m	= Kauaau	- Oth	
	If Yes then,		□ Vietnam	□ Korean	□ Other	
DISABLED	□ Yes	□ No				
VETERAN						
	Explain					

\*\*\* NOTE: This information is required for the Employment Opportunity Commission, The Office of Federal Compliance of Department of Labor, and Plans for Progress. This record will be kept in the Personnel Office per Section 709 ( c ), Title VII, Civil Rights Act of 1964.