 **AGROMILLORA CALIFORNIA EMPLOYMENT APPLICATION**

All applicants will receive consideration for employment without regard to ancestry, age, color, disability (physical or mental), genetic information, gender, gender identity or gender expression, marital status, medical condition, military or veteran status, national origin, religion sex sexual orientation or any other legally protected status.

PLEASE GIVE COMPLETE ANSWERS TO ALL QUESTIONS

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| **Last Name**      | **First Name**      | **Middle Initial**      | **Date of Application**      |
| Mailing Address      | Day Phone Number      |
| City       | State      | Zip Code      | Message Phone Number      |
| Email Address:      |  | Other names which you have worked under:      |
| **Position Applying for**      | **Years of experience in this type of work**      |
| Requested Salary:$      | Date available to start work      |
| If required, can you provide legal documentation of your eligibility to work in the U.S. on an unrestricted basis? [ ] Yes [ ] NoAre you available to work overtime? [ ] Yes [ ] NoWhat schedule are you available to work? |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From:       |       |       |       |       |       |       |
| To:       |       |       |       |       |       |       |
| **EDUCATION & TRAINING**Diploma/Certificate Received: [ ]  High School Diploma [ ]  Certificate of Attendance [ ]  G.E.D. (General Equivalency Diploma) Name & Address of High School:       |
| **Name & Address of Post-Secondary School(s)** | **Subject** | **Degree/Certificate** |
| COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION      |       |       |
| COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION      |       |       |
| Do you have any other job-related skills, special qualifications, professional licenses, or professional training related to the position?       |
| Are you at are least 18 years of age? [ ] No [ ] Yes Are you able to work in hot and cold environments? [ ] No [ ] Yes |
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| If required for the job, do you have a valid California driver's license? [ ] No [ ] Yes |
| Have you worked for AGROMILLORA CALIFORNIA before? [ ] No [ ] If yes, when:       |
| Do you have any relatives or friends employed by AGROMILLORA CALIFORNIA? [ ] No [ ] YesIf yes, please list:       |
| How did you hear about the job you are applying?      Was it an employee Referral (Employee’s Name):       |
| **NAME OF PROFESSIONAL REFERENCES (Not related to you)** | **OCCUPATION** | **YEARS KNOWN** | **DAY TIME PHONE NUMBER** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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| **Reference checks may include verifying employment with your current employer unless you indicate otherwise:****[ ]**  No, do not contact my current employer: Reason:        |

**EMPLOYMENT HISTORY** – Begin with your current job and attach an additional sheet if necessary.

**Please attach resume if available. This section must be completed – do not list “see resume” except for job duties.**

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| **MOST RECENT or CURRENT EMPLOYER’S NAME**      | TELEPHONE       |
| ADDRESS      | EMPLOYED (Month & Year) FROM       TO       |
| LAST JOB TITLE      |  |
| DESCRIBE YOUR JOB DUTIES:      |
| REASON FOR LEAVING      | SUPERVISOR’S NAME:       |
| **EMPLOYER’S NAME**      | TELEPHONE NUMBER       |
| ADDRESS      | EMPLOYED (Month & Year) FROM       TO       |
| LAST JOB TITLE      |  |
| DESCRIBE YOUR JOB DUTIES      |
| REASON FOR LEAVING      | SUPERVISOR’S NAME:       |
| **EMPLOYER’S NAME**      | TELEPHONE NUMBER       |
| ADDRESS      | EMPLOYED (Month & Year) FROM       TO       |
| LAST JOB TITLE      |  |
| DESCRIBE YOUR JOB DUTIES      |
| REASON FOR LEAVING      | SUPERVISOR’S NAME:        |

I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge and that any misrepresentation or omission may be cause for dismissal. I also authorize the investigation of all statements given in this application, including contacting present and former employers for reference and verification. If I am employed by AGROMILLORA CALIFORNIA, I understand and agree that employment and compensation is “at will” and can be terminated, with or without notice, at any time at the option of AGROMILLORA CALIFORNIA or myself. I understand that only the President of AGROMILLORA CALIFORNIA has the authority to enter into an agreement for employment for a specified period of time or to make any agreement contrary to the “at will” employment and arbitration agreement. If hired, I understand that I will be required to sign an arbitration agreement **whereby** I agree that any disputes between me and AGROMILLORA CA will be submitted to arbitration, rather than a court of law.

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| Signature | Print Name | Date |