

APPLICANT QUESTIONNAIRE

How did you hear about Wilcox Farms?

Help Wanted Ad
 Product display in store

Word of Mouth
 Other
 Referred by _____

What is your email address? _____

Why do you want to work for Wilcox Farms?

Name (Please print)

Date



**INFORMATION FROM PREVIOUS EMPLOYERS
AS REQUESTED BY:**

**WILCOX FARMS, INC.
Human Resources Department
40400 Harts Lake Valley Road
Roy, Washington 98580
Fax: (360) 458-6720**

To:
COMPANY NAME _____
ADDRESS _____

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO WILCOX FARMS, INC. AS I AM APPLYING FOR EMPLOYMENT WITH THE SAME.

YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

X _____
PRINT/TYPE NAME

X _____
APPLICANT SIGNATURE/DATE

X _____
SOCIAL SECURITY NUMBER



To whom it may concern:

The above named individual has made application to this company for a position as a(n)
_____ and states that he/she was employed by you as a(n)
_____ during _____.

We appreciate your time in completing, in confidence, the information requested. After completing the backside, please return in the enclosed envelope. Thank you for your cooperation.

Sincerely,

**Erin Kron
Training and Recruiting Coordinator
WILCOX FARMS, INC.**

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(PLEASE PRINT) _____ DATE _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip Code
Social Security No.		

X	Complete Only The Sections Below That Have Been Checked
X	Current Job:
X	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
X	Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
X	Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
X	Birthdate

POLICY STATEMENT: PRE-PLACEMENT TESTING



NAME _____

Date of Birth _____

(For Criminal Background Check only)

SS# _____

It is WILCOX FAMILY FARMS policy to employ only those individuals who pass a criminal background check and a drug test.

If you do not pass the drug screen, you will **NOT** be hired or eligible for job openings for 90 days after testing. After that period, you may submit a new application and be considered for future interviews, however, the same testing will apply.

In addition, WILCOX FAMILY FARMS prohibits smoking in any building or farm-owned vehicle. Our employees are not permitted to keep poultry or pet birds at their residence and are asked to refrain from going to cock fights.

Thank you for submitting an application with us.

I, _____, have read and understand the above policy.

(Print Name)

X

(Applicant's signature)

(Date)