



40400 HARTS LAKE VALLEY RD. S.
ROY, WASHINGTON 98580
TELEPHONE (360) 458-7774

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

LAST NAME		FIRST			M.I.		
PRESENT ADDRESS				CITY	STATE	ZIP	HOW LONG?
PREVIOUS ADDRESS				CITY	STATE	ZIP	HOW LONG?
HOME PHONE#	BUSINESS PHONE#		SOCIAL SECURITY#		OTHER NAME KNOWN BY:		

ARE YOU AT LEAST 18 YEARS OLD? YES NO IF NO, HOW OLD: _____

HAVE YOU EVER FILE AN APPLICATION WITH US BEFORE? YES NO IF YES, GIVE DATE: _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO IF YES, GIVE DATE: _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____ DESIRED WAGES: _____

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

SHIFTS AVAILABLE TO WORK: DAYS SWING GRAVEYARD ANY PART-TIME

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

IF YES, PLEASE EXPLAIN _____

TRANSPORTATION AVAILABLE TO YOU: OWN CAR BORROWED CAR OTHER: _____

LIST NAMES & RELATIONSHIP OF ANY RELATIVES CURRENTLY EMPLOYED BY WILCOX FARMS: _____

REFERENCE: LIST 3 CHARACTER REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS:

NAME AND ADDRESS	OCCUPATION	PHONE NUMBER

EDUCATION / DID YOU GRADUATE: YES NO DO YOU HAVE A GED CERTIFICATE? YES NO

NAME OF HIGH SCHOOL ATTENDED:

COLLEGE: NAME AND ADDRESS	MAJOR	YEARS COMPLETED	DEGREES

DESCRIBE ANY SPECIALIZED TRAINING SKILLS YOU HAVE ACQUIRED: _____

WORK HISTORY

List most recent employer first. Include military service and volunteer experiences. Attach separate sheet if necessary.

Employer		Title: _____	
Address		Work Performed: _____	
Telephone(s)	Supervisor		
From (Month & Year)	To (Month & Year)	Last Salary:	No. of Employees Supervised:
Reason for Leaving		May we contact for recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Title: _____	
Address		Work Performed: _____	
Telephone(s)	Supervisor		
From (Month & Year)	To (Month & Year)	Last Salary:	No. of Employees Supervised:
Reason for Leaving		May we contact for recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Title: _____	
Address		Work Performed: _____	
Telephone(s)	Supervisor		
From (Month & Year)	To (Month & Year)	Last Salary:	No. of Employees Supervised:
Reason for Leaving		May we contact for recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		Title: _____	
Address		Work Performed: _____	
Telephone(s)	Supervisor		
From (Month & Year)	To (Month & Year)	Last Salary:	No. of Employees Supervised:
Reason for Leaving		May we contact for recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been discharged or given opportunity to resign in the last 10 years? Explain:

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize Wilcox Farms, Inc. (Company) to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release them and the Company from any and all liability arising from their giving or receiving information about my employment history, my academic credential or qualifications, and my suitability for employment with the Company.

I understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not employed me and for immediate dismissal if the Company has employed me. I also authorize the Company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or any other party having a legal and proper interest, and I hereby release the Company from any and all liability for its providing this information.

In the event of my employment with the Company I will comply with the rules, regulations, and policies set forth in the Wilcox Family Farms policy manual or other communications distributed. I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date