

**OLE TYME PRODUCE, INC.  
APPLICATION FOR EMPLOYMENT**



*Ole Tyme Produce, Inc. is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, gender, sexual orientation, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status.*

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
|           |            |             |

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|                |      |       |     |

| Telephone Number | Best Time to Call |
|------------------|-------------------|
|                  |                   |

| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|
|                         |                     |

| How did you learn about us?                |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Walk-In     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

|  |  |                             |
|--|--|-----------------------------|
| Have you ever filed an application with us before? <i>If Yes, give date</i> _____  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| Have you ever been employed with us before? <i>If Yes, give date</i> _____   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| Are you currently employed?  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| May we contact your present employer?  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| Are you currently on layoff status and subject to recall?  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| On what date would you be available for work? _____  |  |                             |
| Are you available to work (check all that apply):  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary |                             |
| Days and hours available to work: _____  | Compensation Requested: \$ _____   |                             |
| Can you travel if a job requires it?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| If under 18 years of age, can you provide required proof of your eligibility to work?  | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| In compliance with federal law, will you be able to provide proof of identity and eligibility to work in the United States if you are hired?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| Have you been convicted of a felony within the last 7 years? (A conviction record will not necessarily be a bar to employment. Factors such as job relation, age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.) | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| <i>If yes, please explain:</i> _____   |  |                             |

| <b>EDUCATION</b>   |                            |                 |                           |                |
|--|----------------------------|-----------------|---------------------------|----------------|
|  | Name and Address of School | Course of Study | Number of Years Completed | Diploma/Degree |
| High School  |                            |                 |                           |                |
| Undergraduate College  |                            |                 |                           |                |
| Graduate Professional  |                            |                 |                           |                |
| Other (Specify)  |                            |                 |                           |                |
| Please list any scholarships, academic honors or special achievements: |                            |                 |                           |                |

| <b>PROFESSIONAL ACTIVITIES</b>  |
|---|
| List professional, trade, business or civic activities and offices held.<br><i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i> |
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| <b>SPECIALIZED SKILLS</b>   |
|---|
| Describe any specialized training, job-related training received in the United States military, apprenticeship, skills, extra-curricular activities, and foreign languages. |
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| <b>OTHER INFORMATION</b>  |
|---|
| State any additional information you feel may be helpful in considering your application. |
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## EMPLOYMENT EXPERIENCE

Begin with your most recent employment and continue with all past employment. Attach additional sheets if necessary.

|                      |                    |             |                |
|----------------------|--------------------|-------------|----------------|
| Employer:            | Dates Employed     |             | Work Performed |
|                      | From:              | To:         |                |
| Address:             | Hourly Rate/Salary |             |                |
| Telephone Number(s): | Starting:          | Final:      |                |
|                      |                    |             |                |
| Job Title:           |                    | Supervisor: |                |
| Reason For Leaving:  |                    |             |                |

|                      |                    |             |                |
|----------------------|--------------------|-------------|----------------|
| Employer:            | Dates Employed     |             | Work Performed |
|                      | From:              | To:         |                |
| Address:             | Hourly Rate/Salary |             |                |
| Telephone Number(s): | Starting:          | Final:      |                |
|                      |                    |             |                |
| Job Title:           |                    | Supervisor: |                |
| Reason For Leaving:  |                    |             |                |

|                      |                    |             |                |
|----------------------|--------------------|-------------|----------------|
| Employer:            | Dates Employed     |             | Work Performed |
|                      | From:              | To:         |                |
| Address:             | Hourly Rate/Salary |             |                |
| Telephone Number(s): | Starting:          | Final:      |                |
|                      |                    |             |                |
| Job Title:           |                    | Supervisor: |                |
| Reason For Leaving:  |                    |             |                |

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| Explain any gaps in your employment, other than those due to personal illness, injury or disability. |
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| <b>REFERENCES</b>  |
| List the names and telephone numbers of three work or school references who are not related to you. Also include a description of their relationship to you and the number of years you have known them. |
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|--|-------------------------|-------|
| <b>APPLICANT STATEMENT</b>   |                         |       |
| <p><b>I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.</b></p> <p>I understand this application remains current for only 60 days. At the conclusion of that time, if I have not heard from Ole Tyme Produce, Inc. and still wish to be considered for employment, it will be necessary for me to reapply.</p> <p>It is the policy of Ole Tyme Produce, Inc. to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, genetic information, national origin, age, disability, marital status, veteran status, or any other legally protected status. Ole Tyme Produce, Inc. will verify each new hire’s eligibility to work in the United States. I authorize investigation of all statements contained in this application. I release from liability anyone supplying such information and I also release Ole Tyme Produce, Inc. from all liability that might result from its investigation.</p> <p>If hired, I understand that I will be expected to abide by all of Ole Tyme Produce, Inc.’s rules and policies. I further understand that, if employed, my employment will be <i>at will</i>. I understand that this means that I will be employed for an indefinite period of time and my employment may be terminated at any time either by me or Ole Tyme Produce, Inc. I understand that Ole Tyme Produce, Inc. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.</p> <p>I further understand that as a probationary employee all costs associated with pre-employment testing will be borne by me (currently \$150.00), to be deducted from my first two payroll periods, and reimbursed after an offer of full employment and the end of the probationary period.</p> <p>I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.</p> |                         |       |
| <table border="1"> <tr> <td>Signature of Applicant:</td> <td>Date:</td> </tr> </table>   | Signature of Applicant: | Date: |
| Signature of Applicant:  | Date:                   |       |