Date			

## **APPLICATION FOR EMPLOYMENT**

Please print clearly

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For	Name	
Telephone Number	Alternate/Cellular Telephone Number	
Present Address		
	et, Apartment or Un	it Number
City	State	Zip Code
How long have you lived there/	Years/Months	Email Address (optional)
Desired Salary/Hourly Rate If under the age of 18, can you produce the ne	ecessary work certifi	icate at the time of employment? Yes $\square$ No $\square$
Type of Employment desired? Full-T	ſime ☐ Part-Timo	e 🗌 (Specify Hours)
Are you willing to work overtime? Yes 🗌	No Date which	n you can start, if hired
Have you ever been employed by this Compa If Yes, provide dates of employment, location	· ·	
	•	known which may be necessary to allow us to of name, use of an assumed name, nickname, etc
Do you have an arrest that is current and nen	ding? Yes 🗌	No $\square$

Education		Name and Location	on	Graduate? Y or N	Degree/Major
High School					
College					
Bus.Tech./Trade or Post College					
Qualifications: Licer	nses, Skills, Trainin	g			
employer listed first. Ineeded. If self-emplo	of your present and/ Provide information for yed, supply firm name		cent ten (10) ye nces. You ma	ear period. Attac y include any vei	
consideration from en	nployment. Do not a			1	
Present Or Last Po					
		Ac			
Dates Employed F	rom	To	Salary	Start	Final
Supervisor:				Phone	
Job Title					
Responsibilities					
Reason for Leaving					
Previous Position:					
		_ Address			
Type of Business:			<del></del>		
Type of Business: _ Dates Employed E			Salary	Start	Final
Dates Employed F	rom	То			Final
Dates Employed F Supervisor	rom	To			Final
Dates Employed F Supervisor Job Title	rom	To		Phone	
Dates Employed F Supervisor Job Title	rom	To		Phone	
Dates Employed F Supervisor Job Title Responsibilities	rom	To		Phone	

If you answered Yes to any of the above three questions, please explain the c	circumstance	es of <u>each o</u>	ccasion.
Have you ever been given the choice to resign rather than be terminated?	Yes 🗆	No 🗆	
Has your employment ever been terminated by mutual agreement?	Yes 🗌	No 🗆	
Have you ever been terminated or asked to resign from any job?	Yes 🗀	No 🗀	

## **REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related preferences.

Name	Position	Company	Work Relationship	Telephone

## **APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum requirement by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/o9r blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT- EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. AND UNDERSTAND THE

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AN I UNDERTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Apply for open positions by using any of the methods below:

Mail In Application United Apple Sales P.O. Box 503 Lyndonville, NY 14098

Date

**Fax Application** (585) 765-9710

Email Application sseefeldt@wnyapples.com

Date

**Drop Off Application** 99 West Avenue Lyndonville, NY 14098