

EMPLOYMENT APPLICATION



(PLEASE FULLY COMPLETE)

Space For
Picture

PERSONAL INFORMATION

LAST NAME: _____	PERSONAL ADDRESS: _____
FIRST NAME: _____	_____
SOCIAL SECURITY NO: _____	PHONE: _____
MARITAL STATUS: _____	CELLULAR: _____
DATE OF BIRTH: D/M/Y _____ AGE: _____	NATIONALITY: _____

DESIRED EMPLOYMENT

POSITION: _____	SALARY DESIRED (WEEKLY): _____
DATE YOU CAN START: _____	FULL TIME <input type="checkbox"/> PART TIME: <input type="checkbox"/>
ARE YOU WILLING TO DO OVERTIME? _____	
DO YOU POSSESS A VALID DRIVERS LICENSE? _____	
LIST THE CLASS THAT YOU ARE ABLE TO DRIVE: _____	
CAN YOU OPERATE ANY TYPE OF MACHINERY? _____	
LIST KNOWLEDGE OF ANY COMPUTER PROGRAM YOU ARE FAMILIAR WITH: _____	

EDUCATION

SCHOOLS ATTENDED	DATES ATTENDED	DEGREE CONCENTRATION
PRIMARY: _____	_____	_____
SECONDARY: _____	_____	_____
COLLEGE: _____	_____	_____
TRADE SCHOOL: _____	_____	_____

REFERENCES (REFERENCES FROM FAMILY MEMBERS ARE NOT VALID)

NAME:	ADDRESS	PHONE #	NATURE OF RELATIONSHIP WITH REFERENCE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

HEALTH

DO YOU SUFFER FROM ANY CHRONIC ILLNESS THAT MAY BE DETRIMENTAL TO THE WORK ENVIRONMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU USE ANY ADDICTIVE SUBSTANCES? IF YES, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE A CLEAN POLICE RECORD? IF NO, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>

LIST THE PAST FOUR EMPLOYMENT EXPERIENCES (Starting with most recent including present)

NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
WHAT WAS YOUR JOB TITLE/POSITION: _____	
NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
WHAT WAS YOUR JOB TITLE/POSITION: _____	
NAME OF COMPANY: _____	NAME OF SUPERVISOR: _____
ADDRESS: _____	PHONE#: _____
REASON FOR LEAVING/TERMINATION: _____	
TIME PERIOD OF EMPLOYMENT: _____	
WHAT WAS YOUR JOB TITLE/POSITION: _____	

NAME OF COMPANY: _____ NAME OF SUPERVISOR: _____
 ADDRESS: _____ PHONE#: _____
 REASON FOR LEAVING/TERMINATION: _____
 TIME PERIOD OF EMPLOYMENT: _____
 WHAT WAS YOUR JOB TITLE/POSITION: _____

LIST LANGUAGES YOU CAN SPEAK:
 _____, _____, _____, _____
 LIST LANGUAGES YOU CAN WRITE:
 _____, _____, _____, _____

IN ABOUT 50 WORDS, DESCRIBE WHAT YOU BELIEVE TO BE COTTON TREE AGRO PRODUCE'S MISSION AND DESCRIBE HOW YOUR KNOWLEDGE AND SKILLS WOULD PLAY A ROLE IN THE EFFICIENT AND EFFECTIVE ADVANCEMENT OF THE COMPANY.

Please include with this application: (1)Resume, (2)Two Letters of Recommendation, (3) Copy of Social Security ID (4) Copy of a utility bill to verify address, (5)Official Police Record (or the receipt of application), (6)Copy of Driver's License when applicable.

Accepted extras include: Certificate, Awards, Diplomas and Report Cards.

I certify that the information that I have provided on this application is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Cotton Tree Agro Produce may be terminated.

 Applicant's Signature

 Date

FOR INTERNAL USE ONLY

Interviewed by: _____

Decision after interview:

Date Interviewed: _____

Discard File Hire

Previous Employer history verified: _____

Hourly Rate: _____

Reference results: _____

Salary: _____

Start Date: _____

Commission: Yes No

Notes:

