



THIS IS A DRUG FREE WORKPLACE AND WE DO PRE-EMPLOYMENT TESTING

Applications Are Considered Active for 2 Months APPLICATION FOR EMPLOYMENT

Date: ___/___/___

Personal Information

Name: Last First Middle Social Security Number: - - Present Address Street City State/Zip Permanent Address Street City State/Zip Phone Number Referred by

Employment Desired

Position Date You Can Start / / Salary Desired Are You Employed? If So, May We Inquire Of Your Present Employer? Yes No Ever worked for or applied to Maplevale before? Where? When?

Education

Table with 4 columns: Name & Location of School, # of Years Attended, Subject Studied. Rows include Grammar School, High School, College, Trade, Business Correspondence School.

General

What Foreign Languages Do You Speak Fluently? Read Write U.S. Military Branch Highest Rank Dates Served to

Special Questions

CDL License Yes No State Issued Exp Date Are you eligible to work in the United States? Yes No

Former Employers

(List Below Your Last Four Employers – Starting With The Most Recent)

Date, Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

(Give Below The Names Of Three Persons Not Related to You, Whom You Have Known At Least One Year)

Name	Address	Business	Years Known
1.			
2.			
3.			

IF YOU ARE OFFERED A POSITION WITH MAPLEVALE FARMS, INC., QUALIFYING IS CONTINGENT UPON PASSING A DRUG SCREENING TEST AND A PHYSICAL EXAM. THE PHYSICAL EXAM WILL BE BASED ON THE REQUIREMENTS OF THE POSITION OFFERED.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

*I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for immediate dismissal. The companies, schools, and persons named on this application may give information regarding me and I hereby release them from any liability for doing so. I also authorize investigation of my personal history, driver's license records, and financial and credit records through any investigative or credit agencies of our choice. * If employed, I further authorize you to conduct random drug testing, check my credit record and driver history, as needed, on a continuing basis. I agree that, if I am hired, my employment is for no definite period of time and may be terminated, with or without cause or notice at any time or reason, by the Company. I understand that no representative of the Company has the authority to enter into any employment agreement contrary to the foregoing, except an officer of the Company in writing. Further, if I am employed, I understand and agree that when my employment is terminated by retirement or otherwise, I must return all of the Company's property entrusted in me.*

Date _____ Signature of Applicant _____