Applicant Information:

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Elba, NY 14058 • GROWER • PACKER • SHIPPER •

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F: 585-589-1316	Madeline@triplegfarms.com	
Applicant Name		
Home Phone	÷.	
Other		
Email Address		
Current Address:		
Number and street		
City, State & Zip:		
How were you referred to Company?:		
Employment Positions:		
Position(s) applying for: Applying for:		
Regular part-time work? [] Y or [] N		
Regular full-time work? [] Y or [] N		
• Temporary work – such as summer or holiday work? [] Y o	or [] N	
What days and hours are you available for work?		

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____ / ____ /

Can you work on the weekends? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary desired: \$_____

Work Experience:					
Dates:	Employer:	Duties:	Reason for Leaving:		
References:					
Name:	Со	mpany and Position at (Company: Phone:		
		· · · · · · · · · · · · · · · · · · ·			
Personal Info	rmation:				
Have you eve	r applied to / worke	ed for Company before?	?[]Yor[]N		
If yes, please	explain (include dat	te):			
Do you have	any friends, relative	es, or acquaintances wo	rking for Company? [] Y or [] N		
If yes, state n	ame & relationship	•			
If hired, woul	d you have transpo	rtation to/from work? [] Y or [] N		
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) []Y or []N					
If hired, woul right to work	d you be able to pre in the United States	esent evidence of your l s? [] Y or [] N	J.S. citizenship or proof of your legal		
If hired, are y	ou willing to submit	t to and pass a controlle	d substance test? [] Y or [] N		
with / withou	t reasonable accom	ntial functions of the jo imodation? [] Y or [] N cannot be performed:	b for which you are applying, either		
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(Note: Company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience:

High School:
School name:
School address:
School city, state, zip:
Number of years completed:
Did you graduate? [] Y or [] N
Degree / diploma earned:
College / University:
School name:
School address:
School city, state, zip:
Number of years completed:
Did you graduate? [] Y or [] N
Degree / diploma earned:
Vocational School:
Name:
Address:
City, state, zip:
Number of years completed:
Did you graduate? [] Y or [] N

Degree / diploma? :
Military:
Branch:
Rank in Military:
Total Years of Service:
skills/duties:

Related	
details:	

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