



PACIFIC AG, LLC
APPLICATION FOR EMPLOYMENT

Pacific Ag (PACAG) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, or any other characteristic protected by law.

Please read this application for employment carefully and answer every question in full. Please print all information in ink. If you need additional space to complete an answer, please attach additional sheets.

GENERAL INFORMATION

Date of Application: _____

Name: _____
First (Given Name) Middle Initial Last (Family Name)

Address: _____
Street City State Zip Code

Telephone: _____
Home (include area code) Cell (include area code)

Position applying for: _____ Date you are available to start work: _____

How were you referred to us? _____ Wage desired: _____

Have you been employed here before? [] NO [] YES, if yes, when: _____

Are you at least 18 years of age? [] NO [] YES Do you have a valid driver's license? [] NO [] YES

Are you related to a current PACAG employee? [] NO [] YES if yes, name & relationship: _____

If hired, can you provide written evidence that you are authorized to work in the United States? [] YES [] NO

EDUCATION AND SKILLS

Do you have a high school diploma or GED certificate? [] YES [] NO

List colleges, business, trade, or other schools attended.

Name Location Please specify any degree earned _____

Name Location Please specify any degree earned _____

List certificates or licenses you hold that are relevant to the position for which you are applying:

List any special skills, equipment you operate, or other languages you speak which are relevant to the position for which you are applying:

REFERENCES: Please list at least **three** personal references that have first-hand knowledge of your ability, character, and personality. Indicate if phone number is Home, Work, or Cell Phone.

Do not include any relatives or employers.

Name	City	State	Telephone Number(s)

EMPLOYMENT HISTORY: All employers for the past **four (4)** years must be listed. Please list present or most recent employer first.

May we contact your employer before you are offered a position? _____

Name of Employer	Job Title	Ending Pay
Employer Phone Number	Dates of Employment	
	From:	To:
City, State, Zip Code	Reason for Leaving	
Job Duties		
Name of Employer	Job Title	Ending Pay
Employer Phone Number	Dates of Employment	
	From:	To:
City, State, Zip Code	Reason for Leaving	
Job Duties		
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Job Duties		

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand that this application is not a contract or offer of employment.

I understand that this application is no longer active once a position has been closed. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I certify that the information and answers provided on this application and during any interviews is true, correct, and complete to the best of my knowledge and I understand that falsifications and/or misleading information are grounds for disqualification from consideration for employment, or if hired for dismissal from employment.

I authorize Pacific Ag, LLC to investigate any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning this application, my background, and suitability for employment and other relevant information that may be useful in making a hiring decision. I release all parties from any and all liability, claims, or damages that may directly or indirectly result from providing such information.

I understand that Pacific Ag, LLC is an "at will" employer for all positions and if employed my employment may be terminated with or without cause or notice at my option or at the option of Pacific Ag, LLC.

Print Name

Signature of Applicant

Date