## Employment Application

## Farmer’s Table, LLC considers applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

***PLEASE COMPLETE, SIGN AND DATE***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name: | | | |  | |  | | |  | |
| Last | | | | | | First | | | Middle | |
| Address: |  | | | | | | | |  | |
| Street Address | | | | | | | | | Apt. # | |
|  |  | | | | | | |  |  | |
| City | | | | | | | | State | Zip Code | |
| Home Phone: | | (       )       – | | | Cell Phone: | | (       )       – | | |  |
| E-mail Address: | | |  | | | | | | | |
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| --- | --- | --- | --- |
| Position(s) Applied For: |  | Date Available to Start: |  |
|  |  |  |  |

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| --- | --- | --- | --- |
| Are you available to work: | Regular Full-time | Regular Part-time | Seasonal / Temporary |

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate the day and shifts available for work. | | | |
|  | Morning  (6:00 a.m. – 2:00 p.m.) | Afternoon  (6:00 a.m. – 2:00 p.m.) | Evening  (6:00 a.m. – 2:00 p.m.) |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | | | | Yes | | No |
| Have you ever completed an application with the company before?  If yes, please give dates: | | | | | Yes | | No |
| Have you ever been employed with the company before?  If yes, please give dates: | | | | | Yes | | No |
| Have you ever committed, plead “guilty” or “no contest” to a crime, been convicted of a crime, or had adjudication withheld? If yes, please provide dates and details.    *Answering yes to these questions does not constitute automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.* | | | | | Yes | | No |
| Are you legally qualified to work in the United States? | | | | | Yes | | No |
|  | | | | | | | |
| EDUCATION & TRAINING | | | | | | | |
| School | Name & Location | Number of years | Course of Study | Did you graduate? | | Diploma / Degree | |
| High School or  GED Program |  |  |  |  | |  | |
| College / University |  |  |  |  | |  | |
| Other [Vocational, Technical, etc.] |  |  |  |  | |  | |
|  | | | |  | |  | |
| Do you have Food Safety Handler Certification? | | | | Yes | | No | |

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| **Summarize special skills and training not listed above**: |
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| **List professional, trade, business, or civil activities and offices held**. *You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:* |
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| --- | --- | --- |
| Are you able to perform the essential requirements of the job? | Yes | No |
| If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? | Yes | No |
| |  | | --- | | **Special Skills and Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience*. | |  | |  | | | |
| State any additional information you feel may be helpful to us in considering your application. | | |
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| **REFERENCES** |
| Give name, address, and telephone number of three (3) business references who are not related to you. |
| 1) |
|  |
| 2) |
|  |
| 3) |
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| **EMPLOYMENT EXPERIENCE** |
| Start with your present or most recent position. Although you may have submitted a resume, please complete this section of the application. |

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| Employer 1: | Job Title: |
| Responsibilities: | Reason for Leaving: |
|  |  |
| May we contact?  Yes  No – If “no”, please explain. | Dates Employed [month / year] |
|  | From       To |
| Company Address: | Telephone #: (       )       – |
| Supervisor’s Name & Title: | Salary:  Starting $       Ending $ |
|  | |
| Employer 2: | Job Title: |
| Responsibilities: | Reason for Leaving: |
|  |  |
| May we contact?  Yes  No – If “no”, please explain. | Dates Employed [month / year] |
|  | From       To |
| Company Address: | Telephone #: (       )       – |
| Supervisor’s Name & Title: | Salary:  Starting $       Ending $ |
|  | |
| Employer 3: | Job Title: |
| Responsibilities: | Reason for Leaving: |
|  |  |
| May we contact?  Yes  No – If “no”, please explain. | Dates Employed [month / year] |
|  | From       To |
| Company Address: | Telephone #: (       )       – |
| Supervisor’s Name & Title: | Salary:  Starting $       Ending $ |
|  | |
| Employer 4: | Job Title: |
| Responsibilities: | Reason for Leaving: |
|  |  |
| May we contact?  Yes  No – If “no”, please explain. | Dates Employed [month / year] |
|  | From       To |
| Company Address: | Telephone #: (       )       – |
| Supervisor’s Name & Title: | Salary:  Starting $       Ending $ |
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| I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Farmer’s Table, LLC is of an "*at will*" nature, which means that the Employee may resign at any time and Farmer’s Table, LLC may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of Farmer’s Table, LLC specifically acknowledges such change in writing.  In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies, rules and regulations of Farmer’s Table, LLC. | | | | |
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|  | **Signature of Applicant** |  | **Date** |  |
|  | | | | |

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