



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYEMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SSN: _____

PRESENT ADDRESS: _____

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, EXPLAIN: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ IF YES, WHERE: _____

HAVE YOU EVER APPLIED TO TOM FARMS BEFORE? _____

REFERRED BY: _____

EDUCATION

HIGH SCHOOL: _____

NO. OF YEARS ATTENDED: _____

DID YOU GRADUATE: _____

COLLEGE: _____

NO. OF YEARS ATTENDED: _____

DID YOU GRADUATE: _____

GENERAL

SUBJECTS OF SPECIAL STUDY: _____

SPECIAL SKILLS: _____

ACTIVITIES: _____

US MILITARY SERVICE: _____

PRESENT NATIONAL GUARD OR RESERVE: _____

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www.tomfarms.com



FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

FROM: ____ TO: ____ NAME: _____ POSITION: _____ REASON FOR LEAVING: _____

FROM: ____ TO: ____ NAME: _____ POSITION: _____ REASON FOR LEAVING: _____

FROM: ____ TO: ____ NAME: _____ POSITION: _____ REASON FOR LEAVING: _____

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE THE MOST ABOUT THIS JOB? _____

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME: _____ ADDRESS: _____ PHONE: _____ YEARS KNOWN: ____

NAME: _____ ADDRESS: _____ PHONE: _____ YEARS KNOWN: ____

NAME: _____ ADDRESS: _____ PHONE: _____ YEARS KNOWN: ____

SIGNATURE OF APPLICANT: _____

IN CASE OF EMERGENCY NOTIFY: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE OF APPLICANT: _____ DATE: _____