Application for Employment

1. **Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First | Middle | Date | | |
| Street Address | | | Home# | | |
| City, State, Zip | | | Cell# | | |
| Are you legally eligible for employment in the United States? | | | - Yes | - | No |
| Apart from religious observance, are you available for full-time work? | | | - Yes | - | No |
| Will you work overtime if asked? | | | Yes |  | No |
| When will you be able to begin work? | | | Date | | |
| Special training, skills, or certification: | | | | | |

1. **Educational Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Name & Location of School | Years Completed | Did You Graduate? | Degree or Diploma |
| High |  |  | Yes No |  |
| College |  |  | Yes No |  |
| Other |  |  | Yes No |  |

|  |  |
| --- | --- |
| **Complete this section if you served in the U.S. Armed Forces** | Branch of Service: |
| Describe your duties and any special training: | Periods of Active Duty: |
|  | Rank at Discharge: |
|  | Date of Final DischarQe: |

1. **Employment Background**

*Please give accurate full-time and part-time employment record. Start with present or most recent employer.*

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay  Start: Last: |
| Job Title | Reason for Leaving |
| Work Description | |

1. **Personal References**

|  |  |  |
| --- | --- | --- |
| Name | Telephone | Number of Years Known |
|  |  |  |
|  |  |  |
|  |  |  |
| Have you ever been convicted of a crime? - Yes - No | | |
| Have you ever received Workmen's Compensation or Disability Income payments? - Yes - No | | |
| Have you any physical defects which preclude you from performing certain jobs? - Yes - No | | |
| If yes, describe limitations: | | |

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any information that is provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

Signature Date

Please return forms to:

(In Person)

*Virginia Crop Improvement Association*

*4200 Cople Hwy*

*Montross, Va 22520*

*Or By Email*

E-Mail: vcia.farmmanager@gmail.com