Dutch-Way Farm Market
Employment Application Form

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, disability, sex, national origin, age (for those age 40 and over), or any other basis protected by federal, state or local law. This employment application is only considered active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

Personal _____ *Please print clearly* _____ Date_____

Name _____ Email Address _____

Present Address_____ zip _____

How long have you lived at present address ? _____ Phone # _____

Previous address _____ zip_____

How long did you live at previous address? _____ Are you age 18 or older? __Yes or __ No

If under 18, can you furnish a work permit __Yes or __ No. If no, please explain _____

What position(s) are you applying for? _____Salary Expected_____

How did you find out about this job? _____

Are you legally eligible for employment in the U.S. __Yes or __ No (Proof of US citizenship/status will be required if hired)

Have you ever been convicted of any crime? __Yes or __ No. Are You currently on parole? __Yes or __No

Are you currently awaiting trial ? __Yes or __No. Are you currently on deferred adjudication __Yes or __ No

If you answered yes to any of the 4 previous questions, please explain the nature and disposition of the case-

_____

Answering yes to any of the four previous questions will not necessarily disqualify any applicant for consideration for employment at Dutchman's.

*Employment Data*_____
Are you seeking –   Full Time   –   Part Time   –   Temporary Work (please circle one)

What days and hours are you available?   Please note below

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start At						
Quit At						

Please list any shifts you can not work _____

Are you currently employed? __ Yes or __ No If Yes, name of employer _____

When are you available to start working at Dutch-Way?_____

Have you ever been employed by Dutch-Way? __ Yes or __ No If Yes, when? _____

List any friends or relatives employed at Dutch-Way _____

_____
*Education and Experience*_____
Please circle the highest level completed:
　　　Elementary   1 2 3 4 5　　　Name of school _____
　　　Middle school 6 7 8　　　　Name of school _____
　　　High School   9 10 11 12 GED　Name of school _____
　　　College   1 2 3 4 More　Name of school _____
Describe course of study or any other training or education _____

_____
Are you currently attending school? __Yes __No

*Work History*_____

Please list your last three employers, starting with the most recent
May we contact all of the employers listed above? ___ Yes ___ No. If no, which ones do not want us to contact, and explain why ____

Dates Employed From: _____ To: _____	Company_____ Address _____ City/State/Zip_____ Phone # _____	Job Title_____ Describe Duties_____ _____ Salary - Beginning _____ Ending _____ Reason for leaving
Dates Employed From: _____ To: _____	Company _____ Address _____ City/State/Zip_____ Phone # _____	Job Title _____ Describe Duties _____ _____ Salary – Beginning _____ Ending _____ Reason for leaving
Dates Employed From: _____ To: _____	Company _____ Address _____ City/State/Zip _____ Phone # _____	Job Title_____ Describe Duties _____ _____ Salary- Beginning _____ Ending _____ Reason for leaving

*Personal References*_____

Name_____ Phone # _____
Name_____ Phone # _____
Name_____ Phone # _____

*Specialized Supermarket Experience*_____

Please check any areas where you have specific experience that would help you if you were hired at Dutch-Way. Provide details.

❑ Meat or Seafood Department _____
❑ Produce or Bulk Food Department _____
❑ Bakery Department _____
❑ Deli Department _____
❑ Kitchen or Restaurant _____
❑ Cashier or Bagger _____
❑ Grocery Department or Night Stocker_____
❑ Dairy or Frozen Foods Department _____

*Voluntary Information*_____

You are not required to complete this information in order to be considered for employment at Dutch-Way. This is voluntary only !
Sex: Male   Female (Please circle one)   Date of Birth _____

Please read the following carefully, then sign and date this application.
I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements or implications made by me on this application or any other required documents shall be considered sufficient cause for denial of employment or discharge.
I hereby agree to submit to any drug / alcohol testing required of me, whether prior to employment or if employed by this company, at anytime thereafter.

Name (Print) _____

Signature _____

Today's Date _____   Thank You !