

Application For Employment

Kaolin Mushroom Farms, Inc.

PERSONAL Information

Last Name _____ First _____ Middle _____

Street Address _____ Home Telephone () _____

City _____ State _____ Zip _____ Business Telephone () _____

Have you ever applied for employment with us? _____ Social Security # _____
 Yes No If "Yes" Month and Year _____ Location _____

Position Desired _____ Pay Expected _____

Apart from absence for religious observance, are you available for full-time work?
 Yes No If not, what hours can you work? _____

Will you work overtime if asked? _____ When will you be available to begin work?
 Yes No

Are you legally eligible for employment in the United States?

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?

Yes No If "Yes," describe in full _____

Have you ever been bonded?
 Yes No If "Yes" with what employers? _____

Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin). Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.

EDUCATION

School	Name and Location	Course of Study	No. of Years Completed	Did You Graduate ?	Degree or Diploma
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If "Yes," in what Branch? _____

Describe any training received relevant to this position for which you are applying.

EMPLOYMENT

Company Name

Telephone

Address

Dates – (month and year)

From

To

Name of Supervisor

Weekly pay

Start

Last

Job Title and Work Description

Reason for Leaving

Company Name

Telephone

Address

Dates – (month and year)

From

To

Name of Supervisor

Weekly pay

Start

Last

Job Title and Work Description

Reason for Leaving

Company Name

Telephone

Address

Dates – (month and year)

From

To

Name of Supervisor

Weekly pay

Start

Last

Job Title and Work Description

Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact them.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

SIGNATURE

Please read and understand this statement before signing your application:

The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information in this application, a related employment resume or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.

This application will expire in 30 days. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand that the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I accept all terms and conditions in the above statement.

Date

Signature