



Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### California Organics Employment Application

Name \_\_\_\_\_ Nickname \_\_\_\_\_

SS No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If you listed a message phone above, how often do you check for messages? \_\_\_\_\_

Do you have reliable transportation to meet any scheduled shift? \_\_\_\_\_

Can you read at a 6th grade level? Yes No

Have you ever worked for us before? Yes No

If so, under what name? \_\_\_\_\_

Do you have any friends or relatives working for us? Yes No

Who? \_\_\_\_\_

Are you a smoker? Yes No

Describe your use of drugs and alcohol:  
\_\_\_\_\_

Driver's license? Y N Class \_\_\_\_ State \_\_\_\_ License No. \_\_\_\_\_

Have you had any accidents or moving violations in the past three years? Yes No

If yes, please provide details on last page.

Have you been convicted of a felony? (If yes, give details on last page.) Yes No

Have you ever been arrested? (If yes, give details on last page.) Yes No

Are you now or have you been on Probation? (If yes, give details on last page.) Yes No

Is there any reason why you could not be bonded? (If yes, give details on last page.) Yes No

Do you have a legal right to work in the U.S? Yes No

Can you provide documentation of your legal right to work? Yes No

Is there any reason why you could not perform all physical aspects of this job (including the ability to lift up to 50 lbs.)? Yes No

If yes, please provide details:

**ABOUT YOUR RECENT WORK EXPERIENCE**

(PLEASE START WITH YOUR MOST RECENT POSITION)

Resume Attached? YES NO

Company \_\_\_\_\_ Mo/Yr Hired \_\_\_\_\_ Mo/Yr Left \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Number staff you supervised \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Co-worker's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Subordinate's Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Major Responsibilities and Accomplishments:

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Major Responsibilities and Accomplishments:

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**ABOUT YOUR EDUCATION**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? Y N

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? Y N

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

Grad School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? Y N

No. Yrs. Completed \_\_\_\_\_ Major \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

Extracurricular activities:

Other training programs completed:

Professional memberships and certifications:

**ABOUT THE JOB**

For what position are you applying? \_\_\_\_\_

Salary Expectation: \$ \_\_\_\_\_ per \_\_\_\_\_ Would you accept another position? Y N

Which do you prefer? Full Time Part Time

If part time, about how many hours per week? Max \_\_\_\_\_ Min \_\_\_\_\_

What date could you start working for us \_\_\_\_/\_\_\_\_/\_\_\_\_\_

When are you **NOT** available to work for us ?

**Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Morning Morning Morning Morning Morning Morning Morning

Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon

Evening Evening Evening Evening Evening Evening Evening

Anytime Anytime Anytime Anytime Anytime Anytime Anytime

OTHER COMMENTS:

Why would you be a good choice for this position?

I certify the information given on this application is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical examination, proving my identity and documenting my right to work. I understand these policies cannot be changed except in writing.

Signature \_\_\_\_\_