



APPLICATION FOR EMPLOYMENT
(Cypress Grove Chevre, Inc is an Equal Opportunity Employer)

Please Print

_____ Date _____

Last Name _____ First Name _____ Middle Initial _____

Present Address: _____

Street _____ City _____ State _____ Zip _____

Permanent Address: _____

Street _____ City _____ State _____ Zip _____

Phone Number: _____ Alternate Phone: _____

EMPLOYMENT DESIRED

Position applying for: _____

Are you applying for:

Regular full-time work? _____ Yes _____ No

Regular part-time work? _____ Yes _____ No

Temporary work? _____ Yes _____ No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? _____ Yes _____ No

Would you be available to work overtime, if necessary? _____ Yes _____ No

If hired, what date can you start work? _____

Salary desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Cypress Grove Chevre before? _____ Yes _____ No

If yes, when? _____ What position? _____

Do you have any friends or relatives working for Cypress Grove Chevre? _____ Yes _____ No

If yes, state name(s) and relationships:

Name: _____ Relationship _____

Name: _____ Relationship _____

If hired, would you have a reliable means of transportation to and from work? _____ Yes _____ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age to work in the position for which you are applying) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Are you currently employed? Yes No
If so, may we contact your current employer? Yes No

EDUCATION, TRAINING, AND EXPERIENCE

	Name and Address	No. of Years Completed	Did you Graduate?	Degree/Diploma
High School	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ City State Zip			
College/University	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ City State Zip			
Other	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ City State Zip			

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work with this company? Yes No

If so, please explain: _____

EMPLOYMENT HISTORY

List below all present and past relevant employment starting with your most recent employer. Account for all periods of unemployment.

Name of Employer _____ Type of Business _____

Supervisor's Name _____ Business Phone Number _____

Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Hourly/Annual Rate _____
From _____ To _____ (Circle one) Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? _____ Yes _____ No

Name of Employer _____ Type of Business _____

Supervisor's Name _____ Business Phone Number _____

Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Hourly/Annual Rate _____
From _____ To _____ (Circle one) Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? _____ Yes _____ No

Name of Employer _____ Type of Business _____

Supervisor's Name _____ Business Phone Number _____

Street _____ City _____ State _____ Zip _____

Dates of Employment: _____ Hourly/Annual Rate _____
From _____ To _____ (Circle one) Starting _____ Ending _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? _____ Yes _____ No

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? _____ Yes _____ No

If so, describe: _____

REFERENCES: List three persons not related to you.

_____	_____	_____	_____
Name		Phone Number	
_____	_____	_____	_____
Occupation	No. of Years Acquainted	_____ Personal	_____ Business

_____	_____	_____	_____
Name		Phone Number	
_____	_____	_____	_____
Occupation	No. of Years Acquainted	_____ Personal	_____ Business

_____	_____	_____	_____
Name		Phone Number	
_____	_____	_____	_____
Occupation	No. of Years Acquainted	_____ Personal	_____ Business

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of the material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Cypress Grove Chevre to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ Applicant's Signature

_____ Date