

Willow & Co. Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.

APPLICATION FOR EMPLOYMENT

Application Date _____

Name _____

Last
First
Middle

Present address _____

Number
Street
City
State
Zip

How Long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Secondary Telephone (____) _____

Date of Birth _____

Employment desired ___ Full-Time ___ Part-Time ___ Full or Part-Time

What date are you available to begin work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED
High School			
College			
Trade School			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ Yes ___ No

If yes, explain number of conviction(s) _____

Nature of offense(s) leading to conviction(s) _____

How recently such offense(s) was/were committed _____

Sentence(s) imposed _____

Type(s) of rehabilitation _____

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Do you have an operator driver's license? ___ Yes ___ No
Do you have a CDL or Class E driver's license? ___ Yes ___ No
Operator Driver's License Number _____ State of Issue _____
Expiration Date _____
Current Medical Card? ___ Yes ___ No

What is your means of transportation to work? _____

Have you had any accidents during the past 3 years? ___ Yes ___ No
If so, how many? _____
Have you had any driving violations in the past 3 years? ___ Yes ___ No
If yes, explain: _____

Please list two references other than relatives or former employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No
Specialty _____
Date Entered _____ Discharge Date _____

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Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give your business name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Telephone	Name of last supervisor	Employment dates	Pay/Salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Do you have any mechanic skills? Yes No

If so, what is your experience as a mechanic? _____

Do you have any irrigation experience? Yes No

Do you have the operating knowledge to drive newer John Deere equipment with Auto Steer? Yes No

If so, or not, what type of equipment do you have experience with? _____

Do you work well with others? Yes No

Give an example: _____

Do you consider yourself a good communicator?

Give an example: _____

Do you consider yourself a responsible person? Yes No

Give an example: _____

Do you consider yourself an organized and detail oriented person? Yes No

Give an example: _____

Are you pursuing this employment opportunity as a long-term or short-term career possibility? Long-term Short-term

Please list two emergency contacts:

1) Name: _____ Phone #: _____

2) Name: _____ Phone #: _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

I hereby state that the information provided in this application is true and reliable to the best of my knowledge.

Signature _____ Date _____