DUNDEE CITRUS GROWERS ASSOCIATION EMPLOYMENT APPLICATION

			Date:	
PERSONAL DATA				
Name:			SSN:	
Name:Last	First	MI		
Present Address:Street				
Street		City	State	Zip
Home Phone:	Cell Phone:		Best time to	call:
Work Phone:	May we cont	act you at work:	_Yes No	
Position(s) applying for:		Loca	ition: Dundee _	Lake Hamilton
Expected Rate of Pay:	\$ per			
When are you availabl	e to work? Days	Не	ours	
How did you learn of t	he job opening?			
Have you ever been employed	with DCGA? Yes	No		
If yes, when?	In what position?		_	
List any friends or fam	ily members who are cu	irrently employed wi	ith DCGA?	
Are you legally eligible to wor	x in the United States? _	YesNo		
Are you 18 years of age or old	er?YesNo			
In which languages are you flu	ent?			
Have you ever been discharge If yes, explain in full: _	l or asked to resign fron		-	
	plead guilty to or adjud ng traffic violations)? ges, dispositions and cou	_YesNo	been placed on prob	ation for a felony or

[&]quot;Yes" to these questions does not constitute an automatic bar of employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EDUCATION

	Name/Location	Did you graduate?	Years Completed	Subject or Degree
High School		Yes No	1 2 3 4	
Trade/Technical School		Yes No	1 2 3 4	
Undergraduate School		Yes No	1 2 3 4	
Graduate School		Yes No	1 2 3 4	

SKILLS & TRAINING

Special skills or training:

Years of Years of Years of Experience Skill Experience Skill **Experience** Skill Mechanical **Box Hanging** Accounting Electrical Grading **MS Word Plant Maintenance** Packing **MS Excel Equipment Maintenance** Stacker **MS** Powerpoint _____ **Pallet Repair** Janitorial **MS Outlook** Carpentry **Box Machine** Switchboard _____ ______ Roofing Forklift Internet **Forklift Mechanic** Palletizer Clerical Security **Dump Truck** Quickbooks **Truck Driver Dump Machine**

PERSONAL REFERENCES

List three individuals whom you know well either personally or professionally. Do not list previous employers or relatives.

	Name	Address	Phone #	# of Yrs Known
1				
2				
3.				

EMPLOYMENT HISTORY

List all present and past employment, beginning with your present or most recent job. Include addresses and telephone numbers for each employer.

1. Company Name:	Phone Number:		
Address:			
	Supervisor's Name:		
Dates employed (mo./yr. to mo./yr.):	Rate of Pay:		
Job Title:	Duties:		
Reason for Leaving:			
2. Company Name:	Phone Number:		
Address:			
	Supervisor's Name:		
Dates employed (mo./yr. to mo./yr.):	Rate of Pay:		
Job Title:	Duties:		
Reason for Leaving:			
3. Company Name:	Phone Number:		
Address:			
Type of Business:	Supervisor's Name:		
Dates employed (mo./yr. to mo./yr.):	Rate of Pay:		
Job Title:	Duties:		
Reason for Leaving:			
4. Company Name:	Phone Number:		
Address:			
Type of Business:	Supervisor's Name:		
Dates employed (mo./yr. to mo./yr.):	Rate of Pay:		
Job Title:	Duties:		
Reason for Leaving:			
May we contact your current employer? Y	Yes No		
(If you are offered employment, your c	current employer will be contacted.)		
Were you employed under a different name with	hile working for any of the above employers? Yes No		
If yes, indicate name:			
Unexplained gaps in employment may	disqualify your application.		

APPLICANT AGREEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered. I hereby agree that the Company shall not be liable in any respect if my employment is terminated or if I am not hired for this reason.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I agree to take drug examinations and other examinations on a post job offer basis as well as during the course of my employment. I understand the examinations will be at the expense of the employer and that they are a condition of employment.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If accepted for employment, I hereby agree to abide by all rules, procedures, policies and customary practices of the employer both written and verbal, many of which are explained in the employee handbook and its amendments, and to wear all personal protective equipment required for the occupation in which I am engaged.

I understand that, if I am hired, the first 90 days of employment will be considered an introductory employment period. I further understand that employment during this period is in no way a guarantee of employment thereafter. Furthermore, I understand that if my employment is continued after the introductory employment period, the employment is At-Will and I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal laws require me to complete a Form I-9 in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Agreement.

Signature of Applicant: _____ Date: _____