

CHERRY GROWERS, INC.
EMPLOYMENT APPLICATION

CGI IS AN EQUAL OPPORTUNITY – AFFIRMATIVE ACTION EMPLOYER

Name _____ Social Security # _____

Address _____
CITY AND STATE _____ ZIP CODE _____

Home Telephone _____ Message Telephone _____

Have you worked under any name other than the one listed above? Yes No If yes, please indicate _____

Are you 18 years of age or older? Yes No

Have you ever worked for Cherry Growers? Yes No If yes, when? _____

Type of work you are applying for? General Labor Other _____
TYPE OF WORK

Are you available to work? Days Evenings Weekends Available start date _____

Are you a U.S. Citizen? Yes No Can you legally work in the U.S.? _____

Have you been convicted of a crime within the last 4 years? *Yes No

*Yes does not automatically disqualify you for employment.

Do you have any physical conditions or handicap which may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations? _____

Please add any additional information, skills you possess, etc. that you feel may aid us in deciding if and where we may employ you.

MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? Yes No

Branch of service _____ Dates _____

PRESENT AND PREVIOUS EMPLOYMENT

Position Held _____ Position Held _____

Dates Employed _____ Dates Employed _____

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Name of Supervisor _____ Name of Supervisor _____

Please read the following carefully before signing:

I authorize investigation of all statements contained in this application if I am considered for employment. I also authorize previous employers named, or any other person or persons whom Cherry Growers, Inc. may refer, to give any and all information regarding my employment or scholastic standing together with any other pertinent information.

I understand that this is an application for employment and that no employment contract is being offered.

I further understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. I agree that my employment may be terminated by this company at any time without liability for wages, or salary except such as may have been earned at the date of such termination. Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

Date _____ Signature _____