



Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been convicted of a crime? If yes, please explain: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a pre-employment drug screening test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Reason for Leaving	May we Contact Them Yes <input type="checkbox"/> No <input type="checkbox"/>	Address	City, State Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Reason for Leaving	May we Contact Them Yes <input type="checkbox"/> No <input type="checkbox"/>	Address	City, State Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Reason for Leaving	May we Contact Them Yes <input type="checkbox"/> No <input type="checkbox"/>	Address	City, State Zip

Signature Authorization

I understand that Jackson Farmers, Inc is not making an employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination, if employed.

I authorize Jackson Farmers, Inc to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, any other relevant information, if job-related. I give my full consent for all contacted individuals, including current or former employers, to provide information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Jackson Farmers, Inc. I acknowledge that a facsimile or photocopy of this form is as valid as the original.

Offers of employment are contingent upon finalizing pre-employment actions which may include: drug test and/or physical examination, or other items may be required. Jackson Farmers, Inc may withdraw an offer of employment any time for any reason prior to the original agreed upon start date, or after should results come back later.

I understand that this application is current for 60 days. At the conclusion of this time, if I have not heard from Jackson Farmers, Inc and still wish to be considered for employment, it will be necessary to complete a new application.

I understand that if I am hired, my employment at Jackson Farmers, Inc is "at will" and may be terminated by myself or by them at any time, with or without cause or notice, for any reason or for no reason. I understand that no representative of Jackson Farmers, Inc has the authority to make any assurance to the contrary.

Name (Please Print)	Signature
Date	