

# Capay Farms Employment Application

Crew #: \_\_\_\_\_

## An Equal Opportunity Employer

**For Office Use Only:**

Walk-in  Referral  
 Hire  File

Field Mgr. Approval: \_\_\_\_\_

Date: \_\_\_\_\_

HR Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print

\_\_\_\_\_  
 Date Last Name First Name Middle

Present Address

\_\_\_\_\_  
 No. & Street City State Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
 No. & Street City State Zip

( ) ( ) ( )  
 Business Phone Home Phone Cell Phone

**Employment Desired:**

Position applying for: \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

**Personal Information:**

Have you ever applied to or worked for Capay Farms before? YES  NO

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Capay Farms? YES  NO

If yes, state name(s) and relationship:

\_\_\_\_\_  
 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? YES  NO

(If under 18, hire is subject to verification that you are of minimum legal age.)..... 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. YES  NO

\_\_\_\_\_

(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.)

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**Education, Training, and Experience**

Name and Address No. of years Completed Did you Graduate? Degree/Diploma

\_\_\_\_\_  
Name YES  NO  \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

YES  NO  \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

YES  NO  \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Have you ever worked with any equipment? YES  NO

If so, what and how long? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Crew #: \_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	_____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ - _____ From To			

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference?..... YES  NO

_____ Name of Employer	_____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ - _____ From To			

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
May we contact this employer for a reference?..... YES  NO

Note: Attach additional page(s) if necessary.

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	_____ Telephone No.	
_____ Address & Street	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years		

**References, continued**

_____	_____	( ) _____	
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip
_____	_____		
Occupation	No. of Years		

_____	_____	( ) _____	
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip
_____	_____		
Occupation	No. of Years		

**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  
 \_\_\_\_\_  
 Initials 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 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 Capay Farms to thoroughly investigate my references, work record,  
 \_\_\_\_\_  
 Initials education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the company and any 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  
 \_\_\_\_\_  
 Initials 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 rep.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil  
 \_\_\_\_\_  
 Initial judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have marked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_ Date Applicant's Signature