



Application for Employment

9500 SE 327th Ave. | P.O. Box 189 | Boring, OR 97009 | 503-663-4128 | Fax 503-663-2121 | www.jfschmidt.com

Date of Application: _____ Position(s) Applied For: _____
(Valid for 30 days only, unless renewed)

All qualified individuals are considered for employment without regard to race, religion, sex, national origin, age, sexual orientation, marital or veteran status, or disability.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Social Security Number: --

Have you ever been employed here before? Yes No If yes, when? _____

Are you available to work Full Time , Part Time , or Seasonal ?

On what date are you available for work?: _____

Have you had any agricultural or horticultural experience within the last 5 years?
 Yes No If yes, where?: _____

No application will be rejected because of a condition or impairment that, with reasonable accommodation, does not prevent performance of the work. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform the Human Resources Director, J. Frank Schmidt & Son Co., 9500 SE 327th Ave., Boring, Oregon 97009, 503-663-4128

Former Employers (List present employer, and the last two employers, starting with the most recent one first.)

| Date (Mo. & Yr.) | Name & Address of employer | Phone | Salary | Position |
|------------------|----------------------------|-------|--------|----------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

References (Give name of one person not related to you and not a previous employer)

| Name | Phone | Address | Years Acquainted |
|------|-------|---------|------------------|
| | | | |
| | | | |

The space below is provided for any additional experience you may want to add in relation to the position you are applying for:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment with present or former employers, supervisors, or co-workers as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

In the event of employment, I understand that false or misleading information, misrepresentations, or omission given in my application, supporting or attached documentation, or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company and agree to report any injury I receive to my supervisor immediately. I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary by the Company. Finally, I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview?: Yes No

Remarks: _____

Employed: Yes No Date of Employment: _____ Farm: _____

Successfully completed pre-employment physical capacity evaluation?: Yes No

Period hired for: _____

Job Title: _____ Salary: _____

By: _____ Date: _____
(Name) (Title)

- Hazard Communication Handbook Harassment Policy I-9 W-4 MSPA WARN

**The information below is needed for hospitalization, insurance, profit sharing, etc. and is not for hiring purposes.
COMPLETE AFTER HIRING**

Date of Birth: _____ Sex: _____ Single Married

In case of emergency notify:

(Name)

(Address)

(Phone)