



Employment Application

Name: _____

Date: _____

Position Applied For: _____

Wyffels Hybrids, Inc. is an equal employment opportunity employer. Employment related decisions are based on an individual's job related qualifications and job performance without regard to race, sex, age, color, creed, religion, national origin, veteran status, marital status, unfavorable discharge, the presence of disabilities, or all other characteristics protected by law that does not preclude satisfactory job performance. A felony conviction will not necessarily bar an applicant from employment.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If hired, employment is at-will and can be terminated at any time, with or without notice, for any reason. Personnel policies, programs and procedures may of necessity change from time to time; such at-will status is not subject to change absent a written agreement signed by the company's president or a designated authorized representative. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or if discovered after employment, terminating employment.

APPLICATION INSTRUCTIONS: Please print clearly. Incomplete or illegible applications will not be considered. If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

| | |
|---|--------------|
| Home Phone: | Other Phone: |
| Name (Last, First, M.I.): | |
| Current Address (Street, City, State, Zip): | |

AVAILABILITY: What date can you start? _____

What category would you prefer? Full Time Part Time Seasonal

For which schedules are you available? Days Nights Overtime

Other: _____

Yes No Are you BELOW the age of 18?

EDUCATION / KNOWLEDGE / EXPERIENCE

| NAME | CITY, STATE, ZIP | DEGREE AWARDED |
|--------------------------|------------------|----------------|
| High School | | |
| College | | |
| Trade or Business School | | |
| Other | | |

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or Company:

Yes No Have you been given a Job Description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodations?

Note: Employment Application continues on the other side.

EMPLOYMENT HISTORY: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.** Please list the supervisor who evaluated your job performance.

MOST RECENT EMPLOYER

[] YES [] NO May we contact your most recent employer?

| | | | | |
|--------------------|----------|-----------|---------------|------------|
| Company Name | | City | State | Phone |
| Start Date | End Date | Job Title | | Supervisor |
| Duties | | | | |
| Reason For Leaving | | | Ending Salary | |

PREVIOUS EMPLOYMENT

| | | | | |
|--------------------|----------|-----------|---------------|------------|
| Company Name | | City | State | Phone |
| Start Date | End Date | Job Title | | Supervisor |
| Duties | | | | |
| Reason For Leaving | | | Ending Salary | |

| | | | | |
|--------------------|----------|-----------|---------------|------------|
| Company Name | | City | State | Phone |
| Start Date | End Date | Job Title | | Supervisor |
| Duties | | | | |
| Reason For Leaving | | | Ending Salary | |

REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

| NAME | ADDRESS | PHONE | YEARS KNOWN | RELATIONSHIP |
|------|---------|-------|-------------|--------------|
| | | | | |
| | | | | |
| | | | | |

COMMENTS: (Ask for Additional Page if Necessary) _____

CERTIFICATE AND RELEASE: I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Wyffels Hybrids, Inc. to investigate all statements made on my application for employment. I further authorize the company to contact former employers and any listed references or persons who can verify information, and give my consent for former employers and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employers or other persons contacted by and providing information to the company.

SIGNATURE: _____ **DATE:** _____