



SVO
shenandoah valley organic

PERSONAL INFORMATION

| | | | |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. | REFERRED BY | | |

EMPLOYMENT DESIRED

| | | | |
|---|--|--|--|
| POSITION | DESIRED START DATE | SALARY DESIRED | |
| ARE YOU EMPLOYED NOW? | <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A. ? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |

EDUCATION

| | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|----------------|-------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL INFORMATION

| | |
|--|------|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK | |
| SPECIAL TRAINING | |
| SPECIAL SKILLS | |
| U.S. MILITARY SERVICE | RANK |

FORMER EMPLOYERS

| DATE, MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|--------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES

| NAME | PHONE | BUSINESS | YEARS KNOWN |
|------|-------|----------|-------------|
| | | | |
| | | | |
| | | | |



SVO
shenandoah valley organic

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE: _____

NAME: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____

SIGNATURE: _____

REMARKS

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

| | | | | |
|-------|-----------|----------|-------------|--------------|
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |
|-------|-----------|----------|-------------|--------------|