

DUNDEE CITRUS GROWERS ASSOCIATION EMPLOYMENT APPLICATION

Employment Desired:			
Position applying for:	Location:	Dundee	Lake Hamilton
Days available to work:	Hours available to work:		
How did you learn of the opening? <input type="checkbox"/> walk-in <input type="checkbox"/> advertisement <input type="checkbox"/> referral <input type="checkbox"/> other source	Desired rate of pay: \$ per		

Personal Information:			
Name: (Last, First, MI)			
Address:			
Home Phone:		Cell Phone:	
Are you legally eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In which languages are you fluent?			

Referral Source:			
Have you ever been employed with:	Dundee Citrus Growers Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Statewide Harvesting & Hauling, LLC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?	In what position?		
List any friends or family members who are currently employed with DCGA:			

Background:	
Have you ever been discharged or asked to resign from a job? If yes, explain in full:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted, plead guilty or no contest, had adjudication withheld or been placed on probation for a felony or misdemeanor (excluding non-criminal traffic violations)? If yes, give dates, charges, dispositions & court:	<input type="checkbox"/> Yes <input type="checkbox"/> No
("Yes" to this question, does not automatically disqualify an applicant from employment. Factors such as date of the offense, nature of the violation, rehabilitation and position applied for will be taken into account.)	

Employment History:

List your last three positions (or your last ten (10) years of employment history) starting with your most recent.

Current or Most Recent Employer:

Employed from:	Employed to:	Rate of Pay:
Company Name:		Phone Number:
Address:		
Position Title:		Supervisor:
Work Performed/Position Responsibilities:		
Reason for Leaving:		

Second Most Recent Employer:

Employed from:	Employed to:	Rate of Pay:
Company Name:		Phone Number:
Address:		
Position Title:		Supervisor:
Work Performed/Position Responsibilities:		
Reason for Leaving:		

Third Most Recent Employer:

Employed from:	Employed to:	Rate of Pay:
Company Name:		Phone Number:
Address:		
Position Title:		Supervisor:
Work Performed/Position Responsibilities:		
Reason for Leaving:		

May we contact your current employer? <small>(If you are offered employment, your current employer may be contacted.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you employed under a different name while working for any of the above employers? If yes, indicate name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any periods of unemployment: <small>(Unexplained gaps in employment may disqualify your application.)</small>	

Education:	
<u>Name & Address of School</u>	<u>Number of Years Completed</u>
High School or GED:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:	Degree/ Certificate:
Vocational or Technical:	Degree/ Certificate:
Special skills, training or certifications that relate to the position applied for:	

Indicate years of experience for any applicable skills listed below:

<u>Years</u>	<u>Experience</u>	<u>Years</u>	<u>Experience</u>
___	Mechanical	___	Driving (Forklift)
___	Electrical	___	Janitorial
___	HVAC	___	Building/Grounds
___	Driving (CDL)	___	Security
___	Pallet Repair	___	Accounting
___	Forklift Mechanic	___	Quickbooks
___	Grading	___	MS Office
___	Packing	___	Internet
___	Box Stacking	___	Clerical
___	Palletizer Operator	___	Switchboard
___	Machine Operator	___	Call Center

Personal References: (List three (3) individuals, not related to you, whom you have known for at least three (3) years.)			
Name:	Address:	Phone:	# of Yrs Known
Name:	Address:	Phone:	# of Yrs Known
Name:	Address:	Phone:	# of Yrs Known

Applicant Agreement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered. I hereby agree that the Company shall not be liable in any respect if my employment is terminated or if I am not hired for this reason.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I agree to take drug examinations and other examinations on a post job offer basis as well as during the course of my employment for random, reasonable suspicion and post-accident reasons. I understand the examinations will be at the expense of the employer and that they are a condition of employment.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

If accepted for employment, I hereby agree to abide by all rules, procedures, policies and customary practices of the employer both written and verbal, many of which are explained in the employee handbook and its amendments, and to wear all personal protective equipment required for the occupation in which I am engaged.

I understand that, if I am hired, the first 90 days of employment will be considered an introductory employment period. I further understand that employment during this period is in no way a guarantee of employment thereafter. Furthermore, I understand that if my employment is continued after the introductory employment period, the employment is At-Will and I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal laws require me to complete a Form I-9 in this regard.

I agree that both I and the employer hereby waive our respective rights to trial by jury of any claims or causes of action arising from or related to my application for employment and my employment, if I am hired, and that any and all such claims or causes of action shall be determined by a judge sitting without a jury.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Agreement.

Signature of Applicant: _____

Date: _____