



LEGACY *Seeds*
Integrity. Performance. Solutions.

EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment is based upon qualification, without regard to race, color, creed, national origin, age, sex, religion, marital status, arrest records, criminal records that have been expunged, citizen status, military status, unfavorable discharge from military service, pregnancy, order of protection status, genetic testing results, sexual orientation, physical or mental disability, AIDS and/or HIV positive status.

WHAT IS YOUR CONTACT INFO?

FIRST Name and MIDDLE INITIAL

Last Name

Address

CITY, State and ZIP

Home Phone

Cell Phone

Email

PREFERRED METHOD FOR CONTACT? Home Phone Cell Phone Email

OTHER name(s) BY WHICH APPLICANT IS KNOWN TO REFERENCES IF DIFFERENT FROM PRESENT name

Do you have any relatives working here? Yes No

If yes, please LIST name(s) and RELATIONSHIP

POSITION APPLYING FOR

FULL Time _____

PART Time _____

Seasonal/INTERNSHIP _____

AVAILABLE TO WORK:

Days _____

Evenings _____

Weekends _____

DAYS YOU ARE AVAILABLE FOR WORK

_____ **Sunday**

_____ **Monday**

_____ **Tuesday**

_____ **Wednesday**

_____ **THURSDAY**

_____ **FRIDAY**

_____ **SATURDAY**

When are you available for employment?

Desired salary

Please state age if under 18

How did you hear about us?

_____ **ADVERTISING**

_____ **Person**

_____ **OTHER**

IF PERSON, PLEASE PROVIDE NAME. IF OTHER, PLEASE PROVIDE MORE DETAIL.

Are you authorized to work in the United States? _____ Yes _____ No

If Yes, PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON BEGINNING EMPLOYMENT.

EDUCATION

EDUCATION IS CRITERION THAT THE COMPANY MAY UTILIZE IN DETERMINING WHETHER OR NOT AN APPLICANT IS QUALIFIED.

SCHOOL #1

Name of School

CITY, State

Grade Completed

____ **GRADUATE?**

MAJOR

SCHOOL #2

Name of SCHOOL

CITY, State

Grade Completed

____ **GRADUATE?**

MAJOR

SCHOOL #3

Name of SCHOOL

CITY, State

Grade Completed

____ **GRADUATE?**

MAJOR

WORK EXPERIENCE

Please account for all periods of employment. Start with your most recent position and include military service.

Past Employer #1

Company Name

CITY AND STATE

SUPERVISOR Name and TELEPHONE

OK to CONTACT: ___ Yes ___ No

EMPLOYMENT Dates – START TO END

JOB TITLE

STARTING PAY Rate to ENDING PAY Rate

Reason FOR LEAVING

Past EMPLOYER #2

Company Name

CITY AND STATE

SUPERVISOR Name and TELEPHONE

OK to CONTACT: ___ Yes ___ No

EMPLOYMENT Dates – START TO END

JOB TITLE

STARTING PAY Rate to ENDING PAY Rate

Reason FOR LEAVING

Past Employer #3

Company Name

CITY AND STATE

SUPERVISOR Name and TELEPHONE

OK to Contact: Yes No

EMPLOYMENT Dates – START TO END

JOB TITLE

STARTING PAY Rate to ENDING PAY Rate

Reason FOR LEAVING

Past Employer #4

Company Name

CITY AND STATE

SUPERVISOR Name and TELEPHONE

OK to Contact: Yes No

EMPLOYMENT Dates – START TO END

JOB TITLE

STARTING PAY Rate to ENDING PAY Rate

Reason FOR LEAVING

Past Employer #5

Company Name

CITY AND STATE

SUPERVISOR Name and TELEPHONE

OK to CONTACT: ___ Yes ___ No

EMPLOYMENT Dates – START TO END

JOB TITLE

STARTING PAY Rate to ENDING PAY Rate

Reason FOR LEAVING

Business References

Reference #1

Name

TELEPHONE (INCLUDE area code)

OCCUPATION

Years Known

Reference #2

Name

TELEPHONE (INCLUDE area code)

OCCUPATION

Years Known

Reference #3

Name

TELEPHONE (include area code)

OCCUPATION

Years Known

PLEASE READ CAREFULLY BEFORE AGREEING:

I AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY FACT(S). ANY MISREPRESENTATION, FALSIFICATION, OMISSION OR DEROGATORY INFORMATION THAT IS DISCOVERED MAY PREVENT MY BEING HIRED, OR IF HIRED, MAY SUBJECT ME TO DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE EMPLOYMENT DISMISSAL.

I AUTHORIZE Legacy Seeds, Inc. OR ITS AGENTS TO CONDUCT AN INVESTIGATION AND VERIFICATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION THAT THEY MAY DEEM RELEVANT TO EVALUATING MY QUALIFICATION FOR EMPLOYMENT. I AUTHORIZE ALL MY PREVIOUS EMPLOYERS OR OTHER PERSONS HAVING INFORMATION CONCERNING ME OR MY RECORD OF EMPLOYMENT TO REPORT SUCH INFORMATION. I RELEASE EACH SUCH PERSON, EMPLOYER OR ITS AGENTS FROM ALL CLAIMS AND LIABILITY WHATSOEVER ARISING OUT OF SUCH AN INVESTIGATION AND DISCLOSURE OF MY BACKGROUND.

I UNDERSTAND THAT THE COMPANY TO WHICH I AM APPLYING FOR EMPLOYMENT WILL SEEK TO KEEP ALL SUCH INFORMATION CONFIDENTIAL EXCEPT WHERE SUCH INFORMATION IS REQUIRED TO BE RELEASED BY LAW.

UPON RECEIVING A CONDITIONAL OFFER OF EMPLOYMENT BY THIS COMPANY, IF REQUESTED, I AGREE TO SUBMIT TO A PHYSICAL EXAMINATION AND/OR TESTING FOR ILLEGAL DRUGS BY A DOCTOR OR FACILITY DESIGNATED BY AND AT THE EXPENSE OF THE COMPANY. I ALSO AGREE TO SUBMIT TO TESTING FOR ALCOHOL AND/OR ILLEGAL DRUGS IF REQUESTED AT SUBSEQUENT INTERVALS AS THE COMPANY MAY DIRECT DURING THE COURSE OF MY EMPLOYMENT. I UNDERSTAND THAT REFUSAL TO SUBMIT TO SUCH TESTING MAY RESULT IN MY DISMISSAL. I AGREE TO PERMIT COLLECTION OF URINE, BLOOD, SALIVA, HAIR AND/OR OTHER SAMPLES FROM ME TO CONDUCT THIS TESTING TO DETERMINE THE PRESENCE OR USE OF ALCOHOL AND/OR DRUGS. FURTHER, I AGREE TO THE RELEASE OF DRUG TEST RESULTS AND OTHER RELEVANT MEDICAL INFORMATION TO AUTHORIZED REPRESENTATIVES OF THE COMPANY. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON PASSING SUCH TESTING.

I UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED. I ALSO UNDERSTAND THAT, IF OFFERED EMPLOYMENT, I WILL BE AN AT-WILL EMPLOYEE WHICH MEANS THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR

WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF, AND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO MAKE ANY REPRESENTATION TO THE CONTRARY.

_____ I have read, understand and agree to the above

SUBMIT APPLICATION