

Cavalier Produce 170 Ferncliff Drive, Louisa, VA 23093

434-296-9105

Application for Employment

Print clearly and complete all items on this form. Return in person, via fax (434-234-4773) or email to <u>hrm@cavalierproduce.com</u>
Position for which you are applying:
Note: For Driver/CSR positions, complete Supplemental Driver Form in addition to this application
Applicant name: Date:
Address: City, State, Zip:
Phone #: Email Address:
Have you ever worked for this company before? Yes No
If yes, please indicate where you worked:When?
Date you will be available to start work:
Do you have any relatives who work for Cavalier Produce? Yes No
If yes, please provide name and relationship:
Can you submit proof of legal employment authorization and identity? Yes No
Are you <u>under</u> 18 years of age? Yes No
Can you perform the duties of the job for which you are applying? Yes No If no, please state the reason:
How were you referred to us?
Are you currently employed? Yes No If so, may we contact employer? Yes No
Employment History Please provide all employment information for your past three employers starting with the most recent.
Employer 1: Position held:
Address: Telephone #:
Immediate supervisor and title:
Dates employed: from toRate of Pay:

Job summary:			
Reason for leaving:			
Employer 2:	Position held:		
Address:	Telephone #:		
Immediate supervisor and title:			
Dates employed: from to	Rate of Pay:		
Job summary:			
Reason for leaving:			
Employer 3:	Position held:		
Address:	Telephone #:		
Immediate supervisor and title:			
Dates employed: from to	Rate of Pay:		
Job summary:			
Reason for leaving:			
Other Skills and Qualifications Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:			
Educational History List school name and location, years complete	ed, course of study, and any degrees earned:		
High school:			

College: _____

Technical,	Business,	Other:
------------	-----------	--------

Military Experience

Revised 6/28/16

References

List 3 references names, telephone numbers, and years known (do not include relatives):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature:

Date: