

EQUAL OPPORTUNITY EMPLOYER APPLICATION

PERSONAL:														
LAST NAME:		FIRST:		MI			ТО	M/DD/YYYY):						
ADDRESS: (Where your W-2 will be sent) CITY:					ST	ATE:	•	ZIP COD	E:					
BEST CONTACT PHONE NUMBER:					EMAIL	ADDRESS:								
Can you submit proof of legal employment authorization and identity? YES NO Proof of citizenship or immigration status will be required upon employment.														
POSITION:														
Pumpkin Season	(What position are you ap	Christmas Tree Season												
General Labor Maintenace Deart Times					Dept Time Prep (Cut, Drill, & Stand - Must be 18+)									
☐ Cashier ☐ Food Sales ☐ Full Time					Part Time Lot Setup/Takedown Truck Unloading									
☐ Team Member		☐ Full Time ☐ Tree Handler/Sales (Tree Loads)												
☐ Night Maze ☐ Other					What location are you applying to? ☐ SLO / FARM ☐ PASO ☐ BOTH									
Given the following descriptions, circle 3 that best describe you: talkative, quiet, fun, smiley, laid-back, responsible, detail oriented, friendly, likes variety, enjoy outdoors, direct, respectful, serious, meticulous, busy, likes consistency, thoughtful, playful, gentle.														
Do you feel comfortable working with electric tools? (Chainsaw, Drill, etc.)														
Are you physically capable and comfortable lifting and maneuvering 50-80 lbs.?														
Are you 18 or older? YES NO					If no, are you 16 or older?									
AVAILABILITY:														
SUNDAY	Y MONDAY TUESDAY W			EDNES	SDAY	THUR	SDAY	FRIDA	AY SATURDAY					
Are there any future days Date you are available														
you need to	•	to start work:												
EDUCATIO														
Name of High School:		City:			Z	Zipcode		State:		Graduate?				
								YES NO						
Name of School:		City:			Z	Zipcode		te:	Graduate?					
								YES NO						
Name of School:		City:		Zipcoo		Sta	State:		Graduate?					
		'			·					YES NO				

WORK HISTORY:																
1.) Current or most recent employ	Manager/ Supe			rvisor:				Phone Number:								
Address:	City:		State:					Zipcode:								
What was your job title?					Start date and end date of employm (MM/DD/YYYY) — (MM/DD/YYYY)						yment	nent:				
Why did you leave?			If this i			his is y	is is your current employer, may we contact them YES NO								hem?	
2.) Previous employer:	Manager/ Supe							Phone Number:								
Address:	City:			State:				Zipcode:								
What was your job title?	What was your job title?							Start date and end date of (MM/YYYY) — (MM/YYYY				of employment:				
Why did you leave?					May we contact this emplo						•	oyer?				
REFERENCES:												_				
PLEASE LIST TWO (NON- FAMILY AND NON-EMPLOYER) PERSONAL REFERENCES																
First and last name:	Relationship to you:				Phone number:											
How long have you known this per-	Type of 1			reference: School Personal Work							rk					
First and last name:	Relationship to you:			Phone number:												
How long have you known this pers	Type of reference:				ence:		School		P	Perso	nal] Wo:	rk		
EMERGENCY CONTACTS:																
First and last name:		Relationship to you:			Phone number:											
First and last name:	Relationship to you:				Phone number:											
AGREEMENT (PLEASE READ, SIGN, AND DATE BELOW)																
Nature of my employment: If I am hired by Brookshire Farms, I agree that I will be an at-will employee, which means that either I or Brookshire Farms may end my employment at any time, without cause or notice. I agree that no written materials or verbal statements by Brookshire Farms will constitute an expressed or implied contract of continued employment and that this at-will relationship can only be modified in writing by Brookshire Farm. I agree that if hired, I will comply with Brookshire Farm rules, including treating confidentially any information I learn during my employment. My participation in Brookshire Farms DRUG FREE environment: I am not a current user of illegal drugs and I agree I will never work under the influence of drugs or alcohol.																
I understand that Brookshire Farms policy prohibits an employee under the influence of intoxicants or controlled substances from working, and that testing may be required of an employee, reasonably suspected to be under the influence, or who is involved in or who contributed to an accident involving injury or harm to individuals, property or equipment (except where prohibited by law.)																
My records and references: There is nothing in my background that would cause a risk to Brookshire Farms customers, employees, or property. I authorize Brookshire Farms to conduct reference checks, criminal and driving records checks, and other consumer report investigations. I release all parties from any Liability from providing such information to Brookshire Farms in this regard. I understand that past conviction of a crime will not necessarily disqualify me from consideration for employment. I understand that the nature and date of the offense and the relevance of the offense to the positions applied for will determine my eligibility for employment.																
Information certificate: I certify that the information I have provided to Brookshire Farms is true and correct. I agree to notify Brookshire Farms immediately if I am later charged with any of the crimes listed above or with a driving offense. I agree that any information or omission allows Brookshire Farm to refuse to hire me, or to terminate my eligibility for employment.																
Agreement to arbitrate: Since the delay of the court system, Brookshire Farms and I agree to use confidential binding arbitration, instead of going to court, for any claims that arise between me and Brookshire Farm, it's related companies, and/ or their current or Former employees. Without limitations, such claims would include any concerning compensation, employment (including, but not limited to, any claims concerning sexual harassment or discrimination), or termination of employment. Before arbitration, I agree (1): to present any such claims in full written detail to Brookshire Farms. (2): I agree to complete any Brookshire Farm review processes. (3): I agree to complete any external administrative remedy (such as with the Equal Employment Opportunity Commission). In any arbitration, the prevailing employment dispute resolution rules of the American Arbitration Association will apply, except that Brookshire Farms will pay the arbitrator's fee, and Brookshire Farms will pay the portion of the arbitration filing fee in excess of the similar court filing fee if I had gone to court.																
Signing your name below means that you understand and agree to all above statements, and the information you have provided is true and correct.																
Applicant's signature Today's Date This application for employment will only be valid for 180 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.																