

BUPPERT'S Doran's Chance Farm, Inc.

6914 Ridge Rd Marriottsville, MD 21104

Employment Application

Pre-employment questionnaire
 This application will remain active for ninety days
 to be considered after 90 days will require filling out a new form

Personal Information;
print clearly or application will be discarded!

Name: Last,		First,	M.I.	Today's Date:
Address; Present		State, zip:		
		Date of birth;	Are you legally authorized to work in the US? Y / N	
Previous address if less than 2 years		Apt#	State, zip:	
Emergency contact: Name:		Relation;	Applicant's Phone Home#	Cell#
Contact's Phone#			Applicant's email;	

Desired Employment & Previous Employment:

Position: Circle~ Market & Greenhouses / Field work / Both		Date you are available to start	Salary desired
Are you employed now?	May we contact your current employer? Y / N		Phone #
Most recent job; Name of company;	Of current or previous employer/ supervisor:	From(mo/yr)_____ To(mo/yr)_____	
Reason for leaving;			
Previous job Name of company;	Of previous employer/ supervisor:	From(mo/yr)_____ To(mo/yr)_____	
Reason for leaving;			

Have you ever been convicted of, pled guilty/no contest to or had a suspended imposition of sentence for any offence other than a minor or traffic violation? Yes ___ No ___ ; If yes, please explain;*

**A record of conviction will not necessarily exclude you from consideration. This information will be used only for job-related purposes and to the extent permitted by law.*

References; (Please list those that can comment on your job performance or abilities, NO family members please)

Name	Relationship to applicant and title	Phone # / years you've known applicant
1		
2.		
3.		

Education:

<i>(Name & address of school)</i>		<i># of yrs attended</i>	<i>What yr did/will you Graduate?</i>	<i>Degree Received</i>
<i>High school</i>				
<i>College</i>				
<i>Other</i>				

Service Record:

<i>Have you ever served in the armed forces? Yes ___ No ___</i>	<i>Branch of service;</i>
<i>Discharge date;</i>	<i>Rank;</i>

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 in accordance with company policy. I authorize the 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 and other relevant federal and state laws.

Date; _____

Signature;

Feel free to submit a resume` along with this form or give a brief description of your interests, talents and experience on the reverse side of this form.
Thank you!