

# APPLICATION FOR EMPLOYMENT

## LAKEVIEW FARMS, LLC.

1700 Gressel Drive, P. O. Box 98  
Delphos, OH 45833  
(419) 695-9925

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied for		Date of Application			
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time to contact you at home is: ..... : \_\_\_\_\_ am  
pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  yes  no

Have you ever filed an application with us before? .....  yes  no  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? .....  yes  no  
If yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  yes  no

Are you currently employed? .....  yes  no

May we contact your present employer? .....  yes  no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status.  yes  no

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full Time      (please indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> shift)  
 Part Time      (please indicate Mornings Afternoons Evenings)  
 Temporary      (please indicate dates available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  yes  no

Can you travel if a job requires it? .....  yes  no

Have you been convicted of a felony within the last five years? .....  yes  no

*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question*

**MANDATORY DRUG TESTING**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

	Name & Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities


Describe any job-related training received in the United States military


## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

<b>1. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
<b>2. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
<b>3. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			
<b>4. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.


**ADDITIONAL INFORMATION**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.


**SPECIALIZED SKILLS (Check Skills/Equipment Operated)**

	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Terminal <span style="margin-left: 150px;"><input type="checkbox"/> Spreadsheet</span>		
<input type="checkbox"/> PC/MAC <span style="margin-left: 150px;"><input type="checkbox"/> Word Processing</span>		
<input type="checkbox"/> Typewriter WPM _____ <span style="margin-left: 150px;"><input type="checkbox"/> Shorthand WPM _____</span>		

**State any additional information you feel may be helpful to us in considering your application.**


Note to applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes          No

**REFERENCES**

1.	_____ (Name)	( )	_____ (Phone Number)
	_____ (Address)		
2.	_____ (Name)	( )	_____ (Phone Number)
	_____ (Address)		
3.	_____ (Name)	( )	_____ (Phone Number)
	_____ (Address)		

**ADDITIONAL INFORMATION**

NAME: \_\_\_\_\_

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(To be completed by Employer)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No Date of Employment: \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Hourly/Salary Rate \_\_\_\_\_

By: \_\_\_\_\_  
Name & Title Date

POSITION: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) applied for is open:  Yes  No

Position(s) considered for: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_