

# Side Hill Farmers Cooperative, Inc.

including *Side Hill Farmers Meats & Market*

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## APPLICATION FOR EMPLOYMENT

(Please Type or Print Clearly)

Side Hill Farmers Cooperative is an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or any other protected trait or characteristic.

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position Desired: \_\_\_\_\_

(Please specify the position(s) for which you are applying)

How did you hear about us? \_\_\_\_\_

Friend  Job Fair  Newspaper  School  Walk-in

Other: \_\_\_\_\_

### *Personal Information*

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Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (home) (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (work)

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

# EMPLOYMENT INFORMATION

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Are you 18 years of age or older?  Yes  No

If not, can you provide working papers? \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No

Have you filed an application with us before?  Yes  No

If "Yes", when? \_\_\_\_\_

Dates you are available for employment: \_\_\_\_\_

Salary requirements: \$ \_\_\_\_\_  
("Negotiable" responses will not be considered)

Type of employment desired:  Full Time  Part-Time  Temporary

Are you available to work ALL days INCLUDING Saturdays, holidays, and all HOURS or SHIFTS?  Yes  No

If "No", which days and hours are you NOT able to work? \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No

If "Yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATION

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|             | Name, City & State | Course of Study | Graduated  |
|-------------|--------------------|-----------------|--|
| High School |                    |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College     |                    |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other       |                    |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other       |                    |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# WORK EXPERIENCE

(List your present or most recent employer first)

If currently employed, may we contact your present employer  Yes  No

|                     |              |       |     |
|---------------------|--------------|-------|-----|
| Employer:           | Phone:       | From: | To: |
| Address             | Position:    |       |     |
|                     | Supervisor:  |       |     |
| Duties              | Rate of Pay: |       |     |
| Reason for leaving: |              |       |     |

|                     |              |       |     |
|---------------------|--------------|-------|-----|
| Employer:           | Phone:       | From: | To: |
| Address             | Position:    |       |     |
|                     | Supervisor:  |       |     |
| Duties              | Rate of Pay: |       |     |
| Reason for leaving: |              |       |     |

|                     |              |       |     |
|---------------------|--------------|-------|-----|
| Employer:           | Phone:       | From: | To: |
| Address             | Position:    |       |     |
|                     | Supervisor:  |       |     |
| Duties              | Rate of Pay: |       |     |
| Reason for leaving: |              |       |     |

|                     |              |       |     |
|---------------------|--------------|-------|-----|
| Employer:           | Phone:       | From: | To: |
| Address             | Position:    |       |     |
|                     | Supervisor:  |       |     |
| Duties              | Rate of Pay: |       |     |
| Reason for leaving: |              |       |     |

## ***MILITARY EXPERIENCE***

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Are you a veteran of the U.S. Armed Forces?  Yes  No

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Did you receive an honorable discharge?  Yes  No  
(a dishonorable discharge is not an absolute bar to employment)

## ***PROFESSIONAL REFERENCES***

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(Name)

(City/State)

(Phone Number)

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(Name)

(City/State)

(Phone Number)

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(Name)

(City/State)

(Phone Number)

## ***DRIVER'S LICENSE***

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Do you possess a valid driver's license?  Yes  No If so, from what state? \_\_\_\_\_

## ***APPLICANT'S STATEMENT***

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I certify that the answers given on this application are true and complete. I understand that any falsification, misrepresentation or omission by me on this application may result in the rejection of this application or immediate termination of employment. I authorize my former employers and references to provide the company with the information the company requests, and I authorize the company to investigate all statements contained in this application. Neither any statements made by the company during the application process, nor anything in this application should be considered as giving rise to any type of contractual agreement. IF EMPLOYED, I understand and agree that my employment shall be for an indefinite period of time and can be terminated at will any time by me or by the company without notice or cause.

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(Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)