

Employment Application

5335 S Garrison Carthage MO 64836

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for: Are you 18 or older? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College / Technical: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

Certification: Read the following carefully

I certify that the information provided by me on this application is correct. I understand that the furnishing of any misleading or incorrect information on this application will be just cause for termination should I become employed at Top Notch Farms Productions, Inc. I hereby give permission to the persons and companies named on this application to provide any pertinent information to Top Notch Farms Productions, Inc. except when otherwise indicated. I release said parties from all liability for any damages resulting from issuance of such information.

I understand that, if employed, my employment is for no fixed term. My employment may be discontinued, with or without notice, by me or by Top Notch Farms Productions, Inc. at any time. I understand that no employee, officer, or agent of the company may bind it to anything contrary to the above by oral or printed statements, including hand books, benefit booklets, or other forms of communication.

As a condition of employment, I hereby voluntarily give my consent to Top Notch Farms Productions, Inc. and its designated agents to do urinalysis and / or blood testing for alcohol and / or controlled substances. Such testing may occur as a precondition to my being employed, and anytime during my employment with Top Notch Farms Productions, Inc. when there is reasonable cause to believe that violations of the "Alcohol and Drug Abuse Guidelines" exist. I understand that refusal to submit to such testing will result in my termination.

Signature: _____ Date: _____