



Free State Growers, Inc. APPLICATION FOR EMPLOYMENT

PHONE: 913-301-3281 FAX: 913-301-3288 Website: <http://www.armasson.com>

Phone Number _____

Date _____

Name _____

Last

First

Middle

Address _____

No.

Street

City

State

Zip

How did you learn about us? Ad ___ Job Service ___ Friend ___ Walk in ___ Employee ___ Other ___

Position(s) applied for: 1. _____ Rate of pay expected _____

2. _____ Rate of pay expected _____

Want to work: Full-time ___ Part-time ___ Temporary ___. Specify days and hours available _____

_____. Will you work extra time if requested? Yes ___ No ___

Have you ever been employed with us? Yes ___ No ___. If yes, give dates _____

On what date would you be available for employment? _____

Last three employers (start with your present or last job):

1) Employer _____ Address _____

Employed from _____ to _____ Supervisor _____

Your job title _____ Rate of Pay _____

Work performed _____

Reason for leaving _____

2) Employer _____ Address _____

Employed from _____ to _____ Supervisor _____

Your job title _____ Rate of Pay _____

Work performed _____

Reason for leaving _____

OVER->

3) Employer _____ Address _____

Employed from _____ to _____ Supervisor _____

Your job title _____ Rate of Pay _____

Work performed _____

Reason for leaving _____

To the best of your knowledge, are you able to perform the essential job functions of the position(s) applied for, physically or otherwise? (Including reaching, carrying, bending, stooping, climbing, squatting, sitting, pushing, pulling, and lifting up to 40lbs in most positions) Yes ___ No ___

List any experiences, skills, education, training, or qualifications that you feel would have prepared you for the position(s) for which you have applied _____

If hired, are you able to provide the necessary employment eligibility documents to verify your eligibility to work in the United States? Yes ___ No ___

May we contact your present employer? Yes ___ No ___ your previous employers? Yes ___ No ___

List three employment or character references:

1)	_____	_____	_____
	Name	Address	Phone
2)	_____	_____	_____
	Name	Address	Phone
3)	_____	_____	_____
	Name	Address	Phone

I authorize the release and investigation of all information on this application as is necessary to help make a hiring decision. I certify that information given on this application is true and correct to the best of my knowledge.

If I am offered, and accept, employment with this Company, I understand that any false or misleading information given by me on this application or in an interview(s) may result in termination of my employment.

Applicant Signature

Date

FREE STATE GROWERS
ATTN: HUMAN RESOURCES
P.O. BOX 170
LINWOOD, KS 66052

Fax: 913-301-3288
Phone: 913-301-3281 ext. 229
Email: bweiner@armasson.com
(1/14; 11/16; 12/16)