

Date _____

CADRAIN FARMS: EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status or any other protected Federal, Provincial or Local status unrelated to the performance of the work involved.

Please answer all questions completely. Please do not provide any information not specifically requested on this Employment Application form.

PERSONAL

| | | | | | |
|--|------------|--|------------------------------|--|-------------|
| Last Name | | First Name | | Middle | |
| Address (Number & Street, Apartment or Box No.) | | | City | Province | Postal Code |
| Home Phone | Work Phone | Cell/Mobile Phone | Other Phone | | |
| E-mail Address | | | | | |
| Desired Type of Employment | | Are you eligible to work in Canada? | | Are you age 18 or over? | |
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Position Applying For | | | | | |
| Date Available to Start | | | How did you hear about us? | | |
| Have you ever been previously employed here? | | If yes, list dates employed: | | Desired Salary | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | From: To: | | | |
| Do you have any relatives employed by this organization? | | | If yes, give name and title: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

EDUCATION

| School/Institution (City, State) | Did you Graduate? | Major/Area of Study | GPA | Degree |
|-------------------------------------|--|---------------------|-----|--------|
| 1. High School | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled | | | |
| 2. College/University | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled | | | |
| 3. Graduate School | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled | | | |
| 4. Business/Trade School | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled | | | |
| 5. Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | |
|--|---|--|--|--|
| | <input type="checkbox"/> Currently Enrolled | | | |
|--|---|--|--|--|

WORK EXPERIENCE

Begin with present or most recent employer and list prior employers

May we contact your present employer? Yes No

| | | | | |
|--|-------------------|--------------------|--|-------------|
| 1. Name of Employer | Address | City | Province | Postal Code |
| Dates Employed From: To: | Your Job Title | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | |
| Phone | Supervisor's Name | | Supervisor's Title | |
| Describe Major Duties | | Reason For Leaving | | |
| 2. Name of Employer | Address | City | Province | Postal Code |
| Dates Employed From: To: | Your Job Title | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | |
| Phone | Supervisor's Name | | Supervisor's Title | |
| Describe Major Duties | | Reason For Leaving | | |
| 3. Name of Employer | Address | City | Province | Postal Code |
| Dates Employed From: To: | Your Job Title | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | |
| Phone | Supervisor's Name | | Supervisor's Title | |
| Describe Major Duties | | Reason For Leaving | | |
| 4. Name of Employer | Address | City | Province | Postal Code |
| Dates Employed From: To: | Your Job Title | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | |
| Phone | Supervisor's Name | | Supervisor's Title | |
| Describe Major Duties | | Reason For Leaving | | |

SUMMARY

In a brief statement, **in your own words**, please describe why you are an ideal candidate for this position.

MILITARY SERVICE

| Branch | Start Date | End Date | Highest Rank Attained | Duties |
|--------|------------|----------|-----------------------|--------|
| | | | | |
| | | | | |

REFERENCES

| Name | Current Company | Relationship | Phone | E-mail |
|------|-----------------|--------------|-------|--------|
| | | | | |
| | | | | |
| | | | | |

PRE-EMPLOYMENT STATEMENT (Please read before signing)

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers.

Signature of Applicant

Date