

# Sharp Farms Employment Application

Name (L/F/M.I.) \_\_\_\_\_

Present Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell \_\_\_\_\_

Date you can start \_\_\_\_\_ Home \_\_\_\_\_

Salary Desired \_\_\_\_\_ D.O.B. \_\_\_\_\_ Email \_\_\_\_\_

Do you have any health problems that preclude you from performing any work for which you are being considered? \_\_\_\_\_

If yes please provide details

\_\_\_\_\_

\_\_\_\_\_

In Case of Emergency, Notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

References: Below, please provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Known

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Interviewed by \_\_\_\_\_