

APPLICATION FOR PART-TIME SEASONAL OR TEMPORARY EMPLOYMENT



SAKUMA BROS. FARMS, INC.
14957 BENSON ROAD, BOW, WA 98232
P.O. BOX 427, BURLINGTON, WA 98233
PHONE: 360-757-1855

An Equal Opportunity Employer

We are an equal employment opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation, or any other basis protected by federal, state or local law. Reasonable accommodation is available upon request in order to participate in the interview process.

Position applied for: _____	Date of application: _____
Are you seeking: Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>	
Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/>	

Name _____				
First	Middle	Last		
Mailing Address _____				
No.	Street	City	State	Zip
Permanent Address _____				
No.	Street	City	State	Zip
Telephone: Home _____		Cell _____		
Email: _____				

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age)

Have you ever been convicted or pled no contest to any criminal offense? Yes No

If yes, indicate nature of offense, date, court and disposition. *(A conviction will not automatically disqualify an applicant from employment.)* _____

For Driving Jobs *Only*: Do you have a valid driver's license? Yes No

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

COMPANY EXPERIENCE

Have you worked for our company before? Yes No Dates: From _____ To _____

Supervisor: _____ Position: _____

Reason for leaving: _____

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME	DATES WORKED	POSITIONS HELD
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ()	DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	REASON FOR LEAVING	
STARTING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
ENDING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPANY NAME	DATES WORKED	POSITIONS HELD
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TYPE OF BUSINESS		
NAME OF SUPERVISOR	REASON FOR LEAVING	
STARTING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
ENDING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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COMPANY NAME	DATES WORKED	POSITIONS HELD
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STARTING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR		
ENDING WAGE: _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATIONAL BACKGROUND

Type of School	Name and City	Dates Attended From ____ To ____	Did You Graduate?	Course or Major
College				
Technical School				
High School				
Other				

SPECIAL SKILLS

Please indicate any skills or equipment for which you have experience using or have received training.

Are you capable of performing the essential functions of the position applied for,
with or without reasonable accommodation? Yes No

PERSONAL / PROFESSIONAL REFERENCES

Provide three personal/professional references. Do not include family members or former employers.

Name	Phone Number	Occupation
1. _____		
2. _____		
3. _____		

APPLICANT MUST READ AND SIGN

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all parties and persons requesting or supplying information pursuant to such investigation from all claims, liabilities and damages for any reason arising out of the furnishings of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with SBF.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate SBF to hire me. I understand and agree that employment with SBF would be at-will, meaning that it is for no specified period and may be terminated by me or SBF at any time without prior notice or reason.

If employed, I further agree that if SBF advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any SBF property, SBF is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

I have read, understand, and by my signature consent to these statements.

Applicant Signature

Date

VOLUNTARY DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the box that applies

- | | | |
|---|---|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | | |