Employment Application

Date: _____

Applicant Information						
Full Name:				DOB:		
	Last	First			M.I.	
Address:	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:		E	mail			
Are you curr Employed:	ently YES NO	ate Available:			Desired S	Salary: <u>\$</u>
Position App	olied for:					
Are you legally authorized to work in the United States? (Proof of eligibility to work in the United States must be provided if selected for hire.)						
Do you have a valid drivers license? YES NO						
Have you ev	ver been convicted of a fe	YES NO Iony?				
If yes, expla	in:					
		Educa	ition			
High School	:	Address:_				
From:	To:	_ Did you graduate?	YES	NO	Diploma:	
College:		Address:				
From:	To:	_ Did you graduate?	YES	NO	Degree:	
Previous Employment						
Company:					Pho	ne:
Address:					Supervis	sor:
Job Title:		Starting Sa	lary:\$		Endin	g Salary: \$
Responsibili	ties:					
From:	To:		Reason	for Le	aving:	

Company:		Phone:				
Address:		Supervisor:				
Job Title:	Starting Salary:	Ending Salary:				
Responsibil	ities:					
From:	To: Reason for Leaving:_	To: Reason for Leaving:				
	YES NO tact your previous supervisor for a reference?					
Company:		Phone:				
Address:		Supervisor:				
Job Title:	Starting Salary:	Ending Salary:				
Responsibil	ities:					
From:	To: Reason for Leaving:_					
May we cor	YES NO atact your previous supervisor for a reference?					
	Please List Any Skills and Abilities That May Contribu	te to This Position				
	Disclaimer and Signature					
I certify tha	t my answers are true and complete to the best of my knowledge.					
	cation leads to employment, I understand that false or misleading in ay result in my release.	formation in my application or				
Signature:		Date:				

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1.	Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving					
	record (MVR) for review by:					
	Valley Plains, LLC					
	Name of Employer or Potential Employer					
2.	That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.					
3.	That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.					
Name of Employee/potential employee: Print name as it appears on driver's license						
License Number & State:						
Date of Birth:/						
Signature of employee/potential employee:						
	Date:					
Emplo	yer Authorized Representative Name:					
Authorized Representative Signature:						
	Dotto					