## **EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Inf	ormation
Employer:	Garza Farm LLC
Address:	34875 Funk Rd
City/State/ZIP:	Calhan, Colorado 80808
Telephone:	719 213 9673
and employees withou	rza Farm LLC to provide equal employment opportunities to all applicants at regard to any legally protected status such as race, color, religion, gender, lisability or veteran status.
2. Applicant Inf	formation
Applicant Full Name	
Home Address:	
City/State/ZIP:	
Number of years at the	his address:
Daytime phone:	Evening phone:
Mobile phone:	
Social Security Number	per:
Driver's License (Sta	te/Number):
3. Emergency (	Contact
Who should be conta	cted if you are involved in an emergency?
Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime phone:	Evening phone:
4. Job Position	Applied For:Farmers market sales position

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_

5.

6.	Who referred you to our company?  Do you have any friends or relatives who work	here? If yes, please list here:	
7.	Have you applied to our company previously?  If yes, when?		
8.	How will you get to work?		
9.	If you are offered employment, when would yo	ou be available to begin work?	
10.	If hired, are you able to submit proof that you a employment in the United States? Yes	re legally eligible forNo	
11.	Applicant's Skills		
your ability S	ng. Enter the number of years of experience, and ability for each particular skill. (One represents poy.)  kkill  Customer service		_
12.	Applicant Employment History		
and n	your current or most recent employment first. Pleas nilitary service) which you have held, beginning wi in employment. If additional space is needed, con-	th the most recent, and list and	l explain any
Super Addr City/ Job I Reason	State/ZIP: Duties: on for Leaving:		
Dates	s of Employment (Month/Year):		

Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:  Job Duties:			<del>-</del>
Reason for Leaving:			
Dates of Employment			
1 3	_		
Employer Name:			
Supervisor Name:			
Address:			
City/State/ZIP:			
Job Duties:			
Reason for Leaving:			
Dates of Employment	t (Month/Year): _		
<ul><li>13. Applicant's E</li><li>College/University N</li></ul>		g	
Did you receive a deş	gree?Yes	No	If yes, degree(s) received:
High School/GED Na	ame and Address		
Did you receive a deg	gree?Yes	No	
Other Training (gradu	nate, technical, vocat	ional):	
Please indicate any cu	urrent professional li	censes or certific	eations that you hold:
Awards, Honors, Spe	cial Achievements:		

14. References

Name	»:				
Addre				-	
City/S	State/ZIP:			_	
Telep	hone:		 _		
Relati	onship:		 _		
Name	» <b>:</b>			_	
Addre	ess:			_	
City/S	State/ZIP:		 	_	
Telep	hone:		_		
Relati	onship:		 _		
15.	•	•	at you believe sho nt with any curre	ould be considered nt employer:	l, including

List any two non-relatives who would be willing to provide a reference for you.

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Garza Farm LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Garza Farm LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	E CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	 DATE