APPLICATION FOR EMPLOYMENT



Wright's Farm Corporation 84 Inman Road Harrisville, RI 02830 401-769-5826

Date:		

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "see resume".							
Personal Information Last Name	First Name			Middle			
Zast Name	- instrume			· · · · · · · · · · · · · · · · · · ·			
Address	City			State	Zip		
Phone	Day Phone (If differ	ent)		E-Mail Address			
Employment Information							
Position for which you are applying?							
Are you employed at the present time?	Yes	No	If yes, plea	ise complete the	information below:		
Employer's Name:							
Employer's Address:							
1. How long have you been with this em	nployer?		Present Sala	ary:			
2. If offered a position, when can you report to work?							
3. If hired can you show proof of your legal right to work in the U.S.? Yes No							
4. Have you ever been dismissed, or asked to resign from any position?			Yes	No			
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in Yes No							
imprisonment? A yes answer to this	•						
an applicant from employment. If yes to number 4 or 5, please explain:							
ii yes to ildiliber 4 or 3, please explain.							
Education Please list on the following lines all school	als attended and any	other pert	inent inform	ation about your			
education.	ns attended and arry	other pert	ment imorni	ation about your			
High School & Subjects Studied (if applica	ible)						
College (including dates attended) & Sub	jects Studied						

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Employment Experience (List most recent experier	nce first)						
Name & Address	Position(s) Held	Dates (Start – End)					
References		Discours	Note the color				
Name & Address (Include City, State, Zip)		Phone	Relationship				
		1					
The following section is to be completed by applica	ant for an OFFICE PO	OSITION:					
Computer Skills: Mac/Apple PC							
Please provide computer and software knowledge	below:						
Described the best for different all states and	The second of the second						
By checking the box, I certify that all statemen							
the best of my knowledge. I authorize investigation		erein recorded. Trelea	ase from liability all persons				
and organizations reporting information required by	y this application.						
Signature		Date					