



Employment Application

Form FM01 (04/2015)

Leg Up Farmers Market is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived age, sex, sexual orientation, race, color, creed, religion, familial status, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with a disability may be entitled to reasonable accommodation under terms of the American with Disabilities Act and opportunity without imposing undue hardship on Leg Up Farmers Market. Please inform a Company representative if you need assistance completing any forms or to otherwise participate in in the application process.

PERSONAL INFORMATION (Please complete all information. Use ink and print clearly, so we can contact you.)

Last Name: _____ First Name: _____ Middle Initial: _____

Current Street Address: _____ City, State, Zip: _____

Telephone: _____ E-Mail: _____

Prior Address: _____

Other Names You Have Used (so that we may verify your education & employment history):

Are you under 18 years of age? Yes No If yes, please state your age _____

Are you legally authorized to work in the U.S.? Yes No

Federal law requires you to produce, within 3 business days of hire, specific documents establishing your identity and authorization for employment in the U.S.

How were you referred to us?

Website/Social Media Leg Up Employee Walk In Advertisement Career Fair School Employment Agency

Other, please specify: _____

EMPLOYMENT HISTORY

Beginning with the most recent employment, list the last three employers (including military service) or cover at least a five year period, whichever is longer. Use a separate sheet if necessary. Complete even if you are attaching a resume.

May we contact your current employer at this time for a reference? Yes No

COMPANY NAME: _____ **EMPLOYMENT DATES** From _____ To _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

COMPANY NAME: _____ **EMPLOYMENT DATES** From _____ To _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

COMPANY NAME: _____ **EMPLOYMENT DATES** From _____ To _____

Supervisor's Name: _____ Telephone Number: _____

Your Job Title: _____ Ending Salary or Hourly Wage: _____

What Kind of Work Did You Do: _____ Why Did You Leave? _____

In the last five years have you ever been discharged, suspended, or asked to resign by an employer? Yes No

If yes, give employer name, date of action, and reason: _____

EDUCATION & SKILLS

Name & Location of School	Highest Year Completed	Graduated	Degree / Major
High School: _____ City, State: _____	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College: _____ City, State: _____	<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Grad: _____ City, State: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you enrolled in school now? Yes No If yes, availability during school vacations: Full Part None

Describe any other education, training, experience, skills, abilities, or hobbies relevant to employment consideration:

JOB INTEREST

Please check the department(s) which you are interested in applying for a position:

- | | | | |
|---------------------------------|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Coffee/Juice Bar | <input type="checkbox"/> Deli | <input type="checkbox"/> Meat/Seafood |
| <input type="checkbox"/> Bulk | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Frozen | <input type="checkbox"/> Produce |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Dairy | <input type="checkbox"/> Grocery | <input type="checkbox"/> Wellness |

YOUR AVAILABILITY

How soon could you start working at the Market? _____ How many hours per week would you like to work? _____
 Shifts vary by department, starting as early as 5:00 a.m. and ending as late as 10:00 p.m., seven days a week. Please indicate the general and specific times you are available to work in the boxes below. (Leave the box empty if you are not available at all that day and write "A" under any day you are available all day without any scheduling restrictions.)

General Availability: Days Evenings Weekends

SPECIFIC AVAIL:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From (AM/PM)							
To (AM/PM)							

REFERENCES List two (2) professional references familiar with your work ability (excluding relatives):

Full Name: _____ Address: _____ Phone: _____ Occupation: _____ How acquainted & for how long? _____ _____	Full Name: _____ Address: _____ Phone: _____ Occupation: _____ How acquainted & for how long? _____ _____
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PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work at the Market. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work at the Market. _____ Initials

I certify that the information given by me is true in all respects. I authorize Leg Up Farmers Market and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. _____ Initials

I understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initials

I understand that no representation, whether oral or written, by any representative or agent of Leg Up Farmers Market, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Leg Up Farmers Market has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the President & CEO or his/her authorized representative. _____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information my result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. _____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature

Date