

Application for Employment

Badger State Fruit Processing, Inc & Gardner Companies

7502 State Hwy 73 Pittsville, WI 54466

Date of Application:		Position Applied For:		
Applicant's Last	First	Middle		
Full Name:				
Phone Number Cell		If under 18, please list date of birth		
Home				
Present Street	City	State	Zip	
Address:				
Employment Acceptable:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Date Acceptable for Employment:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a U.S. citizen, type of visa: _____				
Have you worked for a Gardner company before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Where? _____		Dates: From _____ To _____		
Position: _____		Reason for Leaving: _____		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain number of convictions(s), nature of offense(s), how recently such offense(s) was/were committed. _____				
How many hours can you work weekly? _____				
Are you willing to work nights or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Salary desired? _____				
School	Name & Address	Circle Last Year Completed	Did you Graduate?	Major & Degree
High School	Name: Address:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational Technical School	Name: Address:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Name: Address:	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional related courses/training: _____

Professional licenses/certifications: _____

The information regarding your previous experience will be carefully reviewed to determine your qualifications for this position. Be specific in your responses.

List present or most recent position first, then next recent, etc.

Name of employer: Address: City: State, Zip Code: Phone Number:	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Finish:
	Last Job Title:		
Number of employees supervised: _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City: State, Zip Code: Phone Number:	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Finish:
	Last Job Title:		
Number of employees supervised: _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City: State, Zip Code: Phone Number:	Name of last supervisor	Employment dates	Pay or Salary
		From: To:	Start: Finish:
	Last Job Title:		
Number of employees supervised: _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reasons for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

List any handicap that prevents you from doing certain kinds of work. _____

Are you physically capable of heavy manual work? _____

Would you be willing to take a physical examination? _____

Show any trucking, transportation or other experience that may help in your work for this company.

List all training that you have had in the past three (3) years including, lock out tag out, forklift, hazard communication, HACCP, GMP's, confined space, ammonia, etc.... _____

Please list any manufacturing equipment that you have operated, such as, Pasteurizer, Micro or Ultra Filter, extraction equipment, valve or pump repair, PLC's, drum/tote fillers, CIP equipment, etc.... _____

Please list references (not relatives or friends) to contact who have knowledge of your qualifications.

Name	Title/Occupation	Company	Telephone Number

Read the following carefully before signing

I authorize you, at the time of my application for employment or during the course of my employment, to obtain from any source regarding my education, experience, competence, character or medical history as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a drug test for initial and continued employment. I understand that, if hired, my employment would be "at will" and could be terminated at any time by either party, with or without cause and with or without notice.

Signature _____ Date _____