## **Samson Farms LLC**

	Last Name:
Harvesting Job Application – page 1	First Name:
Personal Information  Did you work for Samson Farms in 2022?:  Have you worked for Samson Farms prior 2022?:  Last Name:	
First Name:	
Street Address:	
Street Address: State: Zip:	
Email Address:	
Email Address:  Your Cell Phone: Can we	text this number:
Home Phone: Can we tex	t this number:
Parent Phone:Can we text	
Social Security Number:(optional or	this form, but will be needed on other forms and is a requirement to work)
Position Desired Title: Berry Harvester 2023 minimum wage: Age 16+ is \$15.74/hr, 14–1 Title: Field Truck Driver – minimum age 16, startin opportunity for this position Work Eligibility Are you eligible to work in the United States? Yes NIf "no" what is your age: Date of birth: Must be 14 to begin work, if you are turning 14 mid-se	ng at \$16.25/hr — returning employees get first lo Are you 18 or older? Yes No
<b>Availability</b> When will you be available to begin work?:  June 28, 2023 but this does not mean we will start that date	/ (Month/Day) will start the schedule this year of
Sunday Monday Tuesday Wednesday	Thursday Friday Saturday
Total Hours Available: Hours Available: f 8:45am and ends around 7:00pm. This can vary earlier or late especially if we have late start due to weather and during per How many days per week would you prefer?:ends on Saturday  Siblings also on the schedule:	ter, to as late as 8:00pm on occasion. Time varies eak season)Note: the work week begins on Sunday and
I need to be scheduled on the same dates as:	for carpooling
Note: I try to accommodate your schedule. I can't always gi	ve the wanted hours if too many days are requested off.
Requested Days off	
Vacation dates:Individual dates off for sports, etc.:	
Individual dates off for sports, etc.:	

## **Samson Farms LLC** Last Name: \_\_\_\_\_ **Harvesting Job Application – page 2** First Name: \_\_\_\_\_ Education High School: \_\_\_\_\_ State: \_\_\_\_\_ College: \_\_\_\_\_ City: \_\_\_ State: Have you ever applied for employment with us? Yes No If yes, when?: \_\_\_\_\_ How did you hear of our farm?: Have you been convicted of or pleaded no contest to a felony within the last five years? Yes If yes, please explain: Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \* Yes If yes, please explain: \_\_\_\_\_ \*Conviction of a crime, or pleading quilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors. Agreement of the Transfer of Information I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above. I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy.

\*\*Signature: \_\_\_\_\_\_Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

<sup>\*\*</sup>Signature required

<sup>\*\*\*</sup>red fields are required

Samson Farms LLC	
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Last Name_	
First Name_	

<u>Note: This page is not necessary for minors,</u> if you wish to complete it, submit it with page 1 and 2.

## **Employment History**

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

Position #1		
Company Name:	City:	State:
Company Phone Number:		
Job Title:		
Name of Supervisor:		
Name of Supervisor: Employed (Month and Year) From:	To:	
Weekly Pay:		
Describe your work:		
May we contact this employer? Yes: If not, why not?:		
Reason for leaving:		
Position #2		
Company Name:	City:	State:
Company Phone Number:		
Job Title:		
Name of Supervisor:		
Employed (Month and Year) From:	To:	
Weekly Pay:		
Describe your work:		
May we contact this employer? Yes:		
If not, why not?:		
Reason for leaving:		