



An Equal Opportunity Employer

DUCKWALL FRUIT COMPANY

APPLICATION FOR EMPLOYMENT

This application is active for 6 months.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. PLEASE PRINT.

Duckwall Fruit Company does not discriminate in hiring or employment on the basis of race, color, national origin, sex, religion, marital status, sexual orientation, genetic information, family relationship, mental or physical disability, veteran status, age or any other status protected under applicable state or federal nondiscrimination laws. No question on this application is intended to secure information to be used in a discriminatory manner. Any person needing reasonable accommodation in the application process should contact Human Resources.

Job Applied For _____ Today's Date _____

Preferred shift: Days Swing

When are you available for employment? _____

PERSONAL DATA

Last Name First Name Middle Name

Street Address City State Zip Code

Telephone Number Cellular Phone Number

Are you at least 18 years of age? Yes No

Have you ever worked in the fruit industry?..... Yes No When? _____

Were you ever employed here? Yes No When? _____



If hired, can you provide proof that you are authorized to work in the United States?..... Yes No

Do you have any commitments or agreements with another employer that might affect your employment here?..... Yes No

If yes, please explain _____

Can you perform the essential functions of the position(s) for which you are being considered with or without reasonable accommodation? Yes No

For Driving Jobs Only: Do you have a valid driver's license?Yes No

Driver's License Number _____ State _____

REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Yrs. Acquainted	Occupation
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). Also, please explain any periods of unemployment lasting more than one month. **PLEASE GIVE MONTH AND YEAR.**

Employer	Supervisor	Phone
Address		
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		

Employer	Supervisor	Phone
Address		
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		

Employer	Supervisor	Phone
Address		
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		

Employer	Supervisor	Phone
Address		
Dates Employed From: To:	Position Held	Reason for Leaving
Duties:		



ACKNOWLEDGMENT

Please ***initial each statement***, and sign your name below.

___ I certify that, to the best of my knowledge, the information provided during the application process is true and complete. I understand that employment may be denied or terminated if I provide false, misleading, or incomplete information or make a material omission during the application process or my employment.

___ I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended, and affirm that I can do so.

___ I understand and agree that the Company may contact my prior employers and other references, whether listed or not on this application. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of such information.

___ I understand, as a precondition of employment in a safety sensitive position, that I am required to submit to a test to detect drug usage. I hereby consent to such testing.

___ I understand, as a precondition of employment that I may be required to submit to a physical which may include a vision examination. I hereby consent to such testing.

___ If I am hired, I agree to conform to all the Company's policies, rules, and procedures at all times.

___ I understand that as to non-union employees (and union employees during their first 30 workdays of employment), Duckwall Fruit Company is an at-will employer and reserves the right to terminate such employees at any time with or without cause or notice, just as an employee has the right to terminate employment with the Company for any or no reason. I also acknowledge that this at-will relationship may not be modified by any oral or implied agreement or by any person, statement, act, and series of events or pattern of conduct.

Signature _____ Date _____