

Chelan Fruit Cooperative

P.O. BOX 669 ▪ Chelan, Washington 98816 ▪ Tel (509) 682-2591

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-job related medical condition or handicap.

(PLEASE PRINT ANSWERS TO ALL QUESTIONS ON BOTH SIDES. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**)

Pocicion (s) por cual estas aplicando _____
Position(s) applied for _____

Date of Application _____
Fecha de aplicacion _____

Preferred Location(s): Chelan Pateros Brewster Okanogan Orondo

NOMBRE

Name _____
LAST - APELLIDO FIRST - PRIMER MIDDLE

DIRECCION

Address _____
NUMBER STREET CITY -Ciudad STATE Estado ZIP CODE

TELEFONO DE (CASA)

Telephone (Home) _____

Are you at least 18 years of age? Yes No **Tienes por lo menos 18 años de edad?**

Have you filed an application here before? Yes **Si** No If Yes, give Date _____

Has llenado aplicacion aqui antes? Si es que si dar fecha

Have you ever been employed here before? Yes **Si** No If Yes, give Date _____

Ha sido empleado aqui antes Si es que si dar fecha

Are you employed now? Yes **Si** No May we contact your present employer? Yes **Si** No

Estas empleado ahorita? Podemos ponernos en contacto con tu empleador presente?

On what date would you be available to work? Full Time Part Time Temporary

En que fecha estaras disponible para trabajar? Tiempo completo Parte tiempo Temporal

What shift would you be available to work? Day shift only Night shift only Either shift

En que turno estaras disponible para trabajar? De dia solamente De noche solamente Cualquier turno

Give name, address and telephone number of three references who are not related to you and are not previous employers.
De nombre, direccion, y numero de telefono de tres referencias que no son relacionados a usted y no son previous patrones.

1. _____
2. _____
3. _____

DO NOT WRITE BELOW THIS LINE

OVER →

Interviewer's Notes _____
Date _____

Record de empleadores pasados Listar en orden, presente o mas reciente empleo primero

PAST EMPLOYMENT RECORD (List in order, present or most recent employer first)

Date: Fecha Month and Year Mes y Año	Nombre y telefono NAME AND PHONE NO.	de empleador of Employer	Rate of Pay Pago	Type of Work Tipo de trabajo	Reason for Leaving Razon por cual se fue
From					
To			Supervisor		
From					
To			Supervisor		
From					
To			Supervisor		

EDUCATION AND TRAINING / Educacion y entrenamiento

TYPE OF SCHOOL HIGH SCHOOL	NAME	CITY AND STATE	DATES ATTENDED		GRADUATE		COURSE OR MAJOR
			FROM	TO	YES	NO	
COLLEGE OR UNIV. BUSINESS, TRADE, INDUSTRIAL OR OTHER SCHOOLS, SPECIAL COURSES OR SEMINARS							
DESCRIBE SPECIALIZED TRAINING APPRENTICESHIP SKILLS, AND EXTRACURRICULAR ACTIVITIES							

Honors Received: _____

Algun otra informacion que usted sienta pueda ser ayudante para nosotros en considerar su aplicacion.

State any additional information you feel may be helpful to us in considering your application. _____

Upon completion and submittal of this form, I understand and agree to the following:

1. Any offer of employment is conditioned upon passing a pre-employment drug screen and any other drug screens during employment as required by Chelan Fruit Company's Personnel Policy.
2. Documentation proving legal right to work in the United States will be required upon hiring. Only U.S. citizens and aliens lawfully admitted to work in the United States will be hired.
3. Chelan Fruit Company may investigate and verify past employment and any other statements on this application without liability arising therefrom; and I agree to hold Chelan Fruit Company, its agents, directors, officers and employees harmless from any and all liability claims in accordance with the Chelan Fruit Company Policy of testing.
4. I understand that certain positions may require that I pass a post-offer background/credit check.
5. Any misrepresentation or false statement on this application or other required forms, or during the interview(s) will be sufficient cause for immediate termination of employment.
6. Video cameras are used for surveillance at various facility locations and my actions may be recorded.
7. This application will not be retained after 30 days.
- 8. Since Chelan Fruit Company is an "employment at will" company, I understand I may be terminated with or without cause at any time. This "employment at will" may be changed only by the General Manager.**

Desde que Chelan Fruit Co. es una compania at will yo entiendo que puedo ser despedido con o sin razon a cualquier tiempo. Este "empleo at will" puede ser cambiado solo por el Gerente General.

Applicants signature
Firma de Aplicante

Date
Fecha