

INNOVATIVE PRODUCE INC EMPLOYMENT APPLICATION

Personal and General Information

Applying for position as _____ Salary Required _____ Date Available ____/____/____

What type of work are you looking for? Year round Only harvesting season Email _____

Name _____ Social Security Number _____
(Last) (First) (Middle) - -

Address _____ Telephone Number (____)____
(Street) (City) (State) (Zip)

1. Can you, within 72 hours after an offer for employment, submit verification of your legal right to work in the U.S.?

Yes No

2. Are you over eighteen years of age? Yes No

3. Can you work overtime and/or during weekends if needed?
 Yes No

4. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?
 Yes No

5. Have you ever been convicted of a felony? Yes No
(A conviction will not necessarily disqualify an applicant from the desired position.)

6. Have you ever been employed by this Company? Yes No

6a. If 'Yes', indicate during what years:

2008 2009 2010 2011
 2012 2013 Other: _____

6b. If 'Yes', reason why you left?

Voluntary quit Involuntary termination
 Layoff Other: _____

6c. If 'Yes', What is the reason you would like to come back?

Good forepersons/supervisors Safety gifts
 Good work environment My ride works here
 Earn more money than in other places Benefits
 Other: _____

6d. If 'No', What did you hear about this company that makes you want to work here?

Good forepersons/supervisors Safety gifts
 Good work environment My ride works here
 Earn more money than in other places Benefits
 Other: _____

7. How did you hear about this position?

Referred by a friend who works here
 Referred by a relative who works here
 Referred by a friend who does not work here
 Referred by a relative who does not work here
 Through EDD/CalJOBS
 Other: _____

8. From what area are you coming from?

Oxnard Watsonville Salinas
 Stockton Fresno Bakersfield
 Coachella Indio
 I live year-round in Santa Maria Other: _____

9. What work experience do you have?

No work experience Foreperson
 Irrigator Foreperson assistant
 Truck driver Supervisor
 Tractor driver Mechanic
 Pesticide applicator Office
 Other (machines you can operate, computer programs you use, etc.):

10. What are the crops you have experience with?

Iceberg Lettuce Broccoli Cauliflower
 Romaine Lettuce Celery Kale
 Others: _____

11. Do you have family members working here?

Yes No If 'Yes' How many? _____

12. How do you get to work?

I drive a car I get a ride Bicycle
 Walk Other: _____

13. Do you know other people who would like to work here?

Yes No If 'Yes' How many? _____

Education

High School: Yes No Did you graduate? Yes No
College: Yes No Did you graduate? Yes No
University: Yes No Did you graduate? Yes No Degree Received: _____
Other: _____

Former Employers

List below last two employers, begin with current or most recent employer.

Dates of Employment	Name and Address of Employer	Name and Title of Immediate Supervisor	Salary	Reason for Leaving
From: / /				
To: / /				
Tel.: ()				
From: / /				
To: / /				
Tel.: ()				

Emergency Contact

In case of an emergency, please notify: _____
First Name MI Last Name
Address: _____
Street Address Apart. # City State Zip
Home Phone: (____) _____ Alternate Phone: (____) _____
Relationship: _____

I certify that the facts contained in this application are true and complete and understand that, if employed, any falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is "AT-WILL" and as such is for no definite period and may be terminated at any time without prior notice and without cause. This "AT-WILL" employment relationship can only be changed in writing signed by George Adam

I authorize the Company to contact me regarding general employment information, questions, and job opportunities.

Applicant's Signature: _____ Date: _____

Note: The Company will provide a reasonable accommodation for the known disabilities of applicants/employees in accordance with applicable laws. We are an Equal Opportunity Employer. Our policy, State and Federal law prohibit discrimination because of race, color, creed, religion, age, sex, marital status, national origin, medical condition, disability, sexual orientation, or other protected categories, as defined by applicable Federal and State laws.

THIS APPLICATION IS VALID ONLY IF DATED AND SIGNED BY THE APPLICANT. VALID APPLICATIONS WILL BE CONSIDERED ACTIVE FOR 90 DAYS FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY.