

# EVANS FARMS PRODUCE / THE FROZEN FARMER

## 2018 Employment Application

9843 Seashore Highway  
 Bridgeville, DE 19933  
 www.EvansFarmsProduce.com  
 www.TheFrozenFarmer.com

Once completed, please email application to [evansfarmsLLC@gmail.com](mailto:evansfarmsLLC@gmail.com)

APPLICANT INFORMATION										
Last Name					First			M.I.	Age	
Circle one (or) both	Which side of the business are you applying for?				EVANS FARMS PRODUCE			THE FROZEN FARMER		
Street Address							Apartment/Unit #			
City				State			ZIP			
Home Phone				Cell Phone						
Date of Birth				Social Security No.						
Date Available				Email Address:						
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					
EDUCATION										
High School				Address						
From	To	Did you graduate?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
College				Address						
From	To	Did you graduate?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
Other				Address						
From	To	Did you graduate?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree		
REFERENCES										
<i>Please list three <b>professional</b> references.</i>										
Full Name					Relationship					
Company					Phone	( )				
Address										
Full Name					Relationship					
Company					Phone					
Address										

Full Name				Relationship			
Company				Phone			
Address							
<b>PREVIOUS EMPLOYMENT</b>							
Company				Phone	( )		
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	( )		
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	( )		
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	( )		
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>EMERGENCY CONTACT INFORMATION</b>							
Full Name:							
	<i>Last</i>			<i>First</i>		<i>M.I.</i>	
Address:							
	<i>Street Address</i>						<i>Apartment/Unit #</i>
	<i>City</i>			<i>State</i>		<i>ZIP Code</i>	
Primary Phone:				Alternate Phone:			
Relationship:							
<b>AVAILABILITY</b>							
<b>Day of the week</b>				<b>Time</b>			
SUNDAY				_____ TO _____			
MONDAY				_____ TO _____			

TUESDAY	_____ TO _____
WEDNESDAY	_____ TO _____
THURSDAY	_____ TO _____
FRIDAY	_____ TO _____
SATURDAY	_____ TO _____

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
-----------	--	------	--