

 \square Yes \square No

APPLICATION FOR EMPLOYMENT

Preferred Location of Employment (select one): ☐ Warehouse ☐ Orchard ☐ Other: GENERAL INFORMATION Name (First, Last Name) Phone No. **Present Address** Are you legally authorized to work in the United Are you over the age of 18? \square Yes \square No **States?** \square Yes \square No (If "No", you may be required to provide authorization to work) Have you ever been previously employed Have you ever applied for any position with Borton & by Borton & Sons, Inc.? \square Yes \square No Sons, Inc? \square Yes \square No If "Yes", Indicate which position and when: *If "Yes", Indicate which position(s) and when:* Do you have any friends or relative(s) who work for Borton & Sons, Inc.? If so, please list name(s) and where they work: Please list your reference(s) with contact information, if any: EMPLOYMENT DESIRED **Date Available to Start: Position: Type of Employment:** □ Full-Time □ Part-Time □ Seasonal **Preferred Shift:** \square Day □ Night Can you work overtime, including weekends? ☐ Yes ☐ No Have you reviewed the job description for the position you are applying for? ☐ Yes ☐ No Can you perform the essential functions of the job, for which you are applying, with or without reasonable accommodation? \square Yes \square No

Can you work the scheduled hours as described for the position you are applying for?

EMPLOYMENT HISTORY

Employer Name	Start & End Date (Month & Year)	Position	Job Duties	Reason for Leaving	
1.					
2.					
3.					
EDUCATION Please indicate your hi	ghest level of education	on completed.			
☐ High School		Year(s) Attended:	Grade Complete	Grade Completed:	
		Year(s) Attended:	Degree Comple	Degree Completed:	
☐ Other <i>Please Explain:</i>		Year(s) Attended:	Certification:	Certification:	
Provide a summary rego benefit in the job for wh		_	certifications and/or othe	r qualification that would	
· · · · · · · · · · · · · · · · · · ·	egard to race, color, i	eligion, sex, national	ualified applicants will i origin, disability status, j		
that misrepresentation dismissal from employ	n or omission of facts ment if I have been h o be shown. I underst	s will be sufficient ca ired. I understand tha and that if I am hired	in this application for er use to cancel considerat t if I am employed, evide , my employment is for i	tion for employment, or ence of identity and work	
Applicant Signature:			Date:		