



Zeeland Farm Services, Inc.

2525 - 84th Avenue ♦ Zeeland, MI 49464
(616) 772-9042 ♦ (800) 748-0595 ♦ Fax: (616) 748-4424
www.zfsinc.com

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign. Application must be completed even if submitting a résumé.

Personal Information

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Previous address (if less than 3 years at current) _____ City _____ State _____ Zip _____

Home phone # _____ Cell phone # _____

Are you legally qualified to work in the United States? Yes No (Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a crime in the last 10 years (excluding a minor traffic violation)? Yes No (A conviction will not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) If yes, briefly explain _____

Are you at least 18 years of age? Yes No (If not, you may be required to provide authorization to work.)

How did you hear about us? _____ Referred by _____

Position applied for _____ Date available for work _____

Can you perform the essential functions of the position for which you are applying? Yes No (If you have any questions as to what functions are applicable, please ask interviewer.) If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

Rate of pay desired _____ Hours desired Full-time Part-time Temporary

Have you worked for ZFS before? Yes No If yes, when? _____

Education

	Name and Location	Last Year Attended	Subject/Major	Did You Graduate?
High School		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Current or last employer _____ From (month/year) _____ To (month/year) _____

Address _____ City _____ State _____ Zip _____

Position held _____ Wage _____ Full-time Part-time

Contact person _____ Phone # _____ Fax # _____

Reason for leaving _____ May we contact? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ Wage _____ Full-time Part-time
 Contact person _____ Phone # _____ Fax # _____
 Reason for leaving _____ May we contact? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ Wage _____ Full-time Part-time
 Contact person _____ Phone # _____ Fax # _____
 Reason for leaving _____ May we contact? Yes No

Previous employer _____ From (month/year) _____ To (month/year) _____
 Address _____ City _____ State _____ Zip _____
 Position held _____ Wage _____ Full-time Part-time
 Contact person _____ Phone # _____ Fax # _____
 Reason for leaving _____ May we contact? Yes No

Explain any gaps in work history _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain _____

If applying for a clerical position, list the business equipment can you operate and computer hardware/software you are proficient in _____

List any other experience, skills, or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment _____

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

Personal References (Other than Previously Listed)

List three individuals not related to you whom you have known for at least one year. We will assume we have your permission to contact these people unless you indicate to the contrary.

Name	Address	Phone #	Occupation

Applicant's Certification and Agreement

Please read carefully before signing.

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

I understand that if I am applying for a CDL driving position, the information in this application will be used in determining experience and qualifications and prior employers will be contacted for the purpose of investigation as required by 391.23 of the Federal Motor Safety Regulations.

By signing the release below, I hereby authorize Zeeland Farm Services, Inc. and/or its agents to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Zeeland Farm Services, Inc. or its agents. I release employers and other persons named herein from all liability for any damages on account of furnishing such information.

I understand that I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and a drug test. I understand that the company requires the successful completion of a drug test as a condition of employment. By submitting this application for employment, I hereby consent to the scope, nature, and type of physical examination and drug testing at the company's discretion and the disclosure of the test results to the designated human resource representative(s) or business agents.

I hereby certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of seeking employment and the facts set forth in the above employment application are true and complete to the best of my knowledge. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that any misrepresentation, deception, or false statement made in this employment application may result in my not being considered for employment, and if not discovered by the company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the employer may terminate my employment at any time with or without notice or cause. I understand that no representative of the company, other than the president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of applicant _____ **Date** _____

Zeeland Farm Services, Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.



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Voluntary Self-Identification

(Confidential—For Statistical Use Only)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for equal employment opportunity record keeping. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This information will be maintained separate from your application for employment.

Date: _____ Position Applied For: _____

Name: _____

Sex: Male Female

Ethnic Group

Please check the description with which you most identify.

- American Indian or Alaskan Native**—A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino (White Race)**—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
- Hispanic or Latino (All Other Races)**—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**—A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- Two or More Races**—All persons who identify with more than one of the above races.

ZFS IS AN EQUAL OPPORTUNITY EMPLOYER