



Grimmway Enterprises, Inc.
 DBA Grimmway Farms
 14141 Digiorgio Road
 Arvin, CA 93203
 (661) 854-6205

Today's Date		
Mo.	Day	Yr.

PLEASE PRINT

Employee Number _____
Position Title
Department

Last Name	First	Middle	Social Security #			
-----------	-------	--------	--------------------------	--	--	--

Address	No. and Street	City	State	Zip Code	Home Phone	Work or Message Phone
---------	----------------	------	-------	----------	------------	-----------------------

Other Names You Have Used While Employed	Position Applied For:	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	-----------------------	---	---	--

Under Federal law, Grimmway Farms may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986.	Do you have the legal right to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	In case of emergency, contact:	Day Phone
--	---	--------------------------------	-----------

Have you ever been employed by any Grimmway company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed	Location	Department	Position
--	----------------	----------	------------	----------

Do you have any relatives employed by Grimmway? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Location	Department	Relationship
---	------	----------	------------	--------------

Have you ever been convicted of a criminal offense by any court? This includes any offense where you were found guilty, pled guilty, or pled not guilty. You may omit:
 a. traffic violations for which the fine imposed was \$300.00 or less;
 b. conviction of misdemeanor while under the age of 18, if the record was sealed under Penal Code 1203.45; or
 c. any conviction specified in the Health and Safety Code Section 11361.5 which pertains to various marijuana offenses.
 Yes No
 If your answer is "yes", please list the dates, places and specific offense(s) on this form. A conviction will not necessarily disqualify you from consideration for employment.

EDUCATION Circle highest grade completed:	1	2	3	4	5	6	7	8	9	10	11	12	College:	1	2	3	4	Graduate:	1	2	3	4
---	---	---	---	---	---	---	---	---	---	----	----	----	----------	---	---	---	---	-----------	---	---	---	---

Names of schools attended beyond high school. Include technical, military, professional, college or university.	Location	No. of Units Completed	Scholastic Average	Degree or Diploma	Major	Minor	Answer these questions if the position you are applying for requires proficiency in language(s).
							Speak
							Read
							Write

Are you attending school now? If "yes", where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What hours?	Course of study:	Do you plan further educational study? If "yes", what field and where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	-------------	------------------	---	--

Certificates and Licenses. Give state, number and expiration date.

Additional information including special projects, skills, published writings, training, machines operated, special interests and community activities.

Personal References (Name)	(Phone Number)	(Relationship)

EMPLOYMENT RECORD

List your present or most recent employer FIRST and include U. S. Armed Forces experience and major volunteer experience. Account for all time during at least the past five years, including periods of

unemployment.				
Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
Salary		No. Hrs. Per Week	Your Immediate Supervisor	
Start:			Reason for Leaving	
End:			May we contact your current employer?	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
Salary		No. Hrs. Per Week	Your Immediate Supervisor	
			Reason for Leaving	

Dates (Mo./Yr.)		Total No. Yrs./Mos.	Firm Name, Address and Telephone Number	
From:			Type of Business	Duties Performed:
To:			Position Title	
Salary		No. Hrs. Per Week	Your Immediate Supervisor	
			Reason for Leaving	

Grimmway Farms prohibits discrimination against or harassment of any person employed by or seeking employment with Grimmway, on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, recently separated veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Grimmway Farms is an Affirmative Action/Equal Opportunity employer. Grimmway Farms undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and for special disabled veterans. Grimmway policy is intended to be consistent with the provisions of applicable State and Federal laws.

Photographs are required after employment for employee identification and security purposes only and must be surrendered immediately upon termination.

- I. I understand that the above applies to all individuals and authorize investigation of all statements contained in this application. Further I understand that misrepresentation or omission of facts called for is cause for termination and that all employment is at will: except when a contract is signed by an authorized individual of the company.
- II. Furnishing the information on the employment application form is mandatory; failure to provide the information will prevent evaluation of your qualifications for employment. Your application will be considered active for 30 days.

I certify that all statements on this application are true and complete to the best of my knowledge and belief.
If employed, I understand that any falsification of this record may be considered cause for separation.

APPLICANT'S SIGNATURE