



# Monson Fruit Co. Year-Round Employment Application

2020 We are proud to be an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or any other basis protected by federal, state or local law. Reasonable accommodation is available upon request during the application or interview process. Thank you for considering Monson Fruit Co.!

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

## Desired Employment

Type:  Full Time (40 hours per week)  Seasonal

Shift:  Any  Days (6:30 am to 5:00pm)  Nights (5:30pm to 3:30 am)

Position:  General Labor (Packing/Sorting/shook)  Forklift Operator  Mechanic

Other: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

How were you referred to us?

Current Employee  Former Employee  Family Member  Online Posting

Name of person that referred you or ride with: \_\_\_\_\_

Have you ever worked for Monson Fruit before?

Yes No

If yes, when:

Do you have an objection to working overtime if necessary? Yes No

Can you walk up and down stairs regularly?

Yes No

Can you stand at your workstation for up to 3 hours regularly? Yes No

Are you able to perform the primary function of the position with or without accommodation?

Yes No

Are you 18 years or older?

Yes No

Can you lift 50-65 lbs. above your shoulders regularly? Yes No

Can you lift 2-5 lbs. Above your shoulder regularly? Yes No

Can you lift 10-15 lbs. from chest height to ground level regularly? Yes No

After offer of employment, can you submit proof of legal employment authorization and identity? Yes No

## Related Experience

Apples  Cherries  Cranberry  Other

Please list area(s) or department of experience (bags, sorting, packing etc.):



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## Employment History (List previous 2 employers)

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_  
 \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize **Monson Fruit Co.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand any misrepresentation, material omission or additional information provided by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of the person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE PERSONNEL USE ONLY

Rehire Y or N:

Badge Number:

Notes: