

Meduri Farms, Inc.

Application for Employment



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____ City: _____ Zip code: _____

Telephone #: _____ Date you will be available to start work: _____

Type of employment desired: full-time _____ part-time _____ temporary _____

1. Are you able to meet the attendance requirements? _____ Yes _____ No
2. Do you have any objection to working overtime if necessary? _____ Yes _____ No
3. Can you travel if required by this position? _____ Yes _____ No
4. Have you ever been previously employed by our organization? _____ Yes _____ No
5. Can you submit proof of legal employment authorization and identity? _____ Yes _____ No
6. If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No
7. Do you have any physical limitations that would prevent you from performing the job you are applying for? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

Who can we thank for your interest in our company? _____

Employment History

Please provide all employment information for your past four (4) employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

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Immediate supervisor and title: _____

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Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Form: MF-1933

Revision: 1.0

Effective: 05/14/15

Replaces: 07/02/13

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer 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 that any misrepresentation or material omission made 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 that 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 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: _____

Please answer the following questions:

1. Tell us a bit about yourself.

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2. What did you dislike about your last job? Why did you leave your last job?

3. What is your greatest strength?

4. What is your greatest weakness?

5. Tell me about a time when you were assigned a task which you had difficulty understanding? What did you do?

6. Describe a situation where you had to work as part of a team? When conflicts came up, how did you resolve them?

7. Describe a time where your work was criticized, how did you feel about it and how did you deal with the criticism?

8. Why do you want to work here?

9. Where do you see yourself in five years?

10. Are you bilingual?

11. Are you able to work **all shifts**? If not, which one you are able to work?

12. Can you work **all locations** Salem or Dallas?

13. Do you have any questions for us?