



We are proud to be an equal opportunity employer. We accept all applicants and all applications. We provide equal access to all employment services and programs. If you need reasonable accommodation during the application or interview process, please ask human resources. Thank you for considering Washington Fruit & Produce Co.!

Applicant Information

Name:	Date:
Mailing Address:	Home/Cell Number:
Email Address:	Other Phone Number:

Desired Employment

Type: <input type="checkbox"/> Full Time (40 hours per week)	<input type="checkbox"/> Temporary (Cherries only)			
Shift: <input type="checkbox"/> Any	<input type="checkbox"/> Days (6:00 am to 4:45 pm)	<input type="checkbox"/> Nights (5:15 pm to 4:00 am)		
Position: <input type="checkbox"/> Packing/Sorting	<input type="checkbox"/> Segregator	<input type="checkbox"/> Forklift Operator	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Box Maker
<input type="checkbox"/> Office	<input type="checkbox"/> Other: _____			

Have you ever worked for Washington Fruit? If yes, when:	Yes	No
Are you 18 years or older?	Yes	No
Can you work overtime if asked?	Yes	No
Are you able to perform the primary function of the position without accommodation?	Yes	No
Can you walk up and down stairs regularly?	Yes	No
Can you lift 2-3 lbs. Above your shoulder regularly?	Yes	No
Can you stand at your work station for up to 3 hours regularly?	Yes	No
Can you lift 15 lbs. from chest height to ground level regularly?	Yes	No
Can you lift 50 lbs. above your shoulders regularly?	Yes	No
Do you have any hearing or visual impairments?	Yes	No
Are you able to read and write?	Yes	No
Can you provide proof of legal employment authorization and identity?	Yes	No

How were you referred to us?

Walk in Employee Former Employee Agency Newspaper Indeed Facebook

Linked-In Other: _____

Name of person that referred you: _____

Related Experience

<input type="checkbox"/> Apples	<input type="checkbox"/> Cherries	<input type="checkbox"/> Office
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Sorting	Years:	Packing	Years:	Hand Packing	Years:
Bagging	Years:	Bin Making	Years:	Segregating	Years:
Forklift Operator	Years:	Mechanic	Years:	Supervising	Years:

Education

Type	School Name & Location	Years Complete	Degree

Employment History (List previous 3 employers)

Employer:	Position Held:
Address:	Phone No.:
Supervisor's Name & Title:	Employed From: To
Reason for Leaving:	

Employer:	Position Held:
Address:	Phone No.:
Supervisor's Name & Title:	Employed From: To
Reason for Leaving:	

Employer:	Position Held:
Address:	Phone No.:
Supervisor's Name & Title:	Employed From: To
Reason for Leaving:	

References

Name:	Telephone #:	# Years Known:
Name:	Telephone #:	# Years Known:
Name:	Telephone #:	# Years Known:

I hereby authorize Washington Fruit & Produce 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:** _____

Interpreter/Completed by Signature: _____ **Date:** _____

(If you had someone other than yourself complete this form in your behalf please have them sign and date here)