



BRANDYWINE GROWERS, LLC

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EMPLOYMENT APPLICATION

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY. IT IS OUR POLICY TO ENFORCE A DRUG FREE WORK ENVIRONMENT AND WE RESERVE THE RIGHT TO RANDOMLY SELECT EMPLOYEES FOR TESTING AND TO WITNESS THE TEST AT ANY TIME AND FOR ANY REASON. THIS FORM SHOULD BE FILLED OUT IN ITS ENTIRETY IN THE APPLICANT'S HANDWRITING. ALL INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL.

Date of Application: _____

Telephone Number: _____

Email Address: _____

Tell Us About You

APPLICANT'S FULL NAME: _____

STREET ADDRESS: _____

CITY & STATE: _____

COUNTY: _____ ZIP: _____

POSITION APPLYING FOR: _____

SOCIAL SECURITY # _____ RATE OF PAY EXPECTED: \$ _____

DO YOU HAVE A VALID DRIVER'S LICENSE: _____ IF NO, HAVE YOU EVER HAD A LICENSE: _____

IF YES, LICENSE #: _____ DATE OF ISSUE: _____

EXP DATE: _____ CLASS: _____ ENDORSEMENT: _____

HAVE YOU EVER FILLED AN APPLICATION WITH BRANDYWINE GROWERS? _____

WHEN? _____

HOW DID YOU HEAR ABOUT BRANDYWINE GROWERS?

DID SOMEBODY REFERER YOU TO US? _____ IF YES, WHO? _____

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY BRANDYWINE GROWERS? _____

WHEN? _____

WHY DID YOU STOP WORKING FOR BRANDYWINE GROWERS (EXPLAIN):

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

IF YES, YOU NEED TO PRESENT LEGAL DOCUMENTS, SUCH AS, COPY OF BIRTH CERTIFICATE, PASSPORT, GREEN CARD OR INS AUTHORIZATION.

NAME OF THE NEAREST RELATIVE NOT LIVING WITH YOU: _____

RELATIONSHIP TO YOU _____ PHONE: _____

WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY (NAME & PHONE NUMBER):

PLEASE PROVIDE THREE (3) PERSONAL REFERENCES WITH NAME, ADDRESSES, PHONE NUMBERS AND NUMBERS OF YEARS KNOWN. THESE REFERENCES ARE ALSO TO BE USED TO VERIFY UNEMPLOYMENT, SELF-EMPLOYMENT OR PREVIOUS EMPLOYERS NO LONGER IN BUSINESS. THERE REFERENCES MUST NOT BE RELTAIVES AND THEMIMUM AMOUNT OF YEARS KNOWN IS ONE (1) YEAR.

1. NAME: _____

ADDRESS: _____

PHONE: _____ YEARS KNOWN: _____

2. NAME: _____

ADDRESS: _____

PHONE: _____ YEARS KNOWN: _____

3. NAME: _____

ADDRESS: _____

PHONE: _____ YEARS KNOWN: _____

DO YOU HAVE ANY EXPERIENCE IN THE LANDSCAPING/CONSTRUCTION INDUSTRY? _____

IS YES, EXPLAIN: _____

DO YOU HAVE ANY "SPECIAL" NEEDS, SUCH AS ALLERGIES, SPECIAL MEDICATION, OR HEALTH CONDITION,
WHICH WE SHOULD KNOW ABOUT? _____

HAVE YOU EVER BEEN HURT ON THE JOB? _____

IF YES, WHEN? _____

DESCRIBE THE INCIDENT AND THE EXTENT OF YOUR INJURY _____

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____

BRANCH: _____

DATES OF SERVICE: _____

HIGHEST RANK ACHIEVED: _____

EDUCATIONAL BACKGROUND

NAME OF GRADE SCHOOL: _____

LOCATION: _____

NAME OF HIGH SCHOOL: _____

LOCATION: _____

DID YOU GRADUATE? _____ WHEN? _____

NAME OF COLLEGE: _____

LOCATION: _____

COURSE OF STUDY: _____

DID YOU GRADUATE? _____ WHEN? _____

HAVE YOU TAKEN ANY POST GRADUATE COURSES? _____

IF YES, EXPLAIN: _____

HAVE YOU ATTENDED ANY SPECIAL COURSES? _____

IF YES, EXPLAIN: _____

LIST THE NAME OF SPECIAL MACHINERY (SUCH AS *COMPUTER, TYPEWRITER, FORKLIFT, ETC.*) IN WHICH YOU KNOW HOW TO OPERATE: _____

DO YOU HAVE A TRADE (SUCH AS *PAINTER, CARPENTER, WELDER, ETC.*): _____

TELL US ABOUT YOUR PREVIOUS EMPLOYMENT

LIST AT LEAST 3 FORMER EMPLOYERS IN THE ORDER WORKED. MOST RECENT 1ST.

NAME OF EMPLOYER & PHONE#: _____

CITY & STATE: _____

POSITION: _____ SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

AMOUNT OF SALARY: _____

WHY DID YOU LEAVE? _____

NAME OF EMPLOYER & PHONE#: _____

CITY & STATE: _____

POSITION: _____ SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

AMOUNT OF SALARY: _____

WHY DID YOU LEAVE? _____

NAME OF EMPLOYER & PHONE#: _____

CITY & STATE: _____

POSITION: _____ SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

AMOUNT OF SALARY: _____

WHY DID YOU LEAVE? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES: _____

IF NO, WHY? _____

HOW SOON CAN YOU START WORKING FOR BRANDYWINE GROWERS? _____

DO YOU HAVE ANY UNSATISFIED GARNISHMENT OR WAGE ASSIGNMENTS? (*IRS LEVY, CHILD SUPPORT, COURT JUDGEMENT, ETC.*) _____ IF YES, STATE: _____

THIS CERTIFIES THIS APPLICATION WAS COMPLETED BY, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE. I ALSO AUTHORIZE *BRANDYWINE GROWERS* TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PAST EMPLOYMENT, EDUCATION, CRIMINAL HISTORY, CREDIT HISTORY, WORKER'S COMPENSATION HISTORY, MEDICAL HISTORY, REFERENCES, AND ACTIVITIES AS NEEDED TO DETERMIN MY QUALIFICATION AND ELIGIBILITY TO OCCUPY THE POSITION I APPLIED FOR. I HEREBY RELEASE ANY INDIVIDUAL, INCLUDING RECORD CUSTODIANS, LAW ENFORCEMENT AGENCIES, COURTS, CRIMINAL JUSTICE AGENCIES, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS, MILITARY RECORDS, AND LORDS, CREDITORS, AND OTHERS WHETHER OR NOT SPECIFICALLY MENTIONED HEREIN, INFORM ANY AND ALL LIABILITY FROM DAMAGES OR WHATEVER KIND OR NATURE WHICH MAY AT ANY TIME RESULT TO ME ON ACCOUNT OR COMPLIANCE. A REPRODUCTION OF THIS AUTHORIZATION SHALL BE VALID AS THE SIGNED ORIGINAL NOR DOES IT CARRY ANY EXPIRATION DATE. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE FOR (1) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (2) IMMEDIATELY DISCHARGE ME FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE U.S. AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE PLACED ON 90 DAYS PROBATION. AT THE END OF THE PROBATION PERIOD, I COULD BE DISCHARGED WITHOUT PRIOR NOTICE IF MY PERFORMANCE WILL NOT MEET COMPANY STANDARDS. FINALLY, I UNDERSTAND THAT THIS APPLICATION WILL REMAIN CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THAT TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO REAPPLY AND FILL OUT AN NEW APPLICATION.

APPLICANT'S SIGNATURE

TODAY'S DATE