

**Mailing Address:**  
 2288 Geer Road  
 Hughson, CA 95326  
[www.growerdirectnut.com](http://www.growerdirectnut.com)



For Personnel Office Use Only		
LAT	REJ	ACP
Sign:		Date:
Comments:		

## EMPLOYMENT APPLICATION

Grower Direct Nut Co. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, marital status, color, religion, national origin, veteran status, disability, or any other consideration that is made unlawful by federal, state, or local laws. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner, as no action can be taken on this application until all questions have been answered.

**This application is good for 90 days. Consideration for employment after 90 days requires a new application.**

### PERSONAL INFORMATION

Name: Last First Middle

Address: Street Apt. # City State Zip Code

Home Phone: ( ) Work Phone: ( ) Mobile Phone: ( )

For reference purposes, have you ever worked under another name?  Yes  No

If yes, what was it and what was the reason for the change?

Position Desired: Social Security Number (for tracking purposes only):

Type of Employment Desired:  Full Time  Internship  Part Time  Seasonal  
 Date Available to Work? Are you able to work weekends?

Have you ever applied to or worked for Grower Direct before?  Yes  No

If yes, when?

Do you have any friends or relatives who work for Grower Direct?  Yes  No

If yes, state name(s) and relationship:

If hired, would you have a reliable means of transportation to and from work?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Employment may be subject to passing a medical examination, skill and agility tests.)

If a driver's license is required to perform the job for which you are applying, do you have a valid driver's license? Yes No

If "yes", License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

### EDUCATION, TRAINING, CERTIFICATION AND EXPERIENCE

(Verification May Be Requested)

Name & Location of School	Major Subjects	# of Years Completed	Diploma or Degree Received
College/University:			
College/University:			
High School:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "NO", do you have a G.E.D., California High School Proficiency Certificate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:			

Many of our customers do not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s)?

Do you have any other experience, training, qualifications, certifications or skills that you feel make you especially suited for work at Grower Direct? If yes, please explain:  Yes  No

Were you ever discharged from employment or forced to resign from employment because of misconduct or unsatisfactory services? If yes, explain in the "comments" section. A yes answer is not necessarily disqualifying.  Yes  No

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**INSTRUCTIONS:**

- List your most recent employment or related volunteer experience first and account for **ALL TIME PERIODS** during the past 10 years. Attach additional sheets as necessary.
- If you wish to elaborate on your experience, a resume or supplemental information may be attached but **WILL NOT BE** acceptable as substitute for completing this section in full.

Resume/Supplemental information attached:  Yes  No

Company Name:		Telephone Number:	
Address:		Employed (Month and Year):	From: To:
Name of Supervisor:		Reason for Leaving:	
Title of your Position:	Duties:		

  

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Address:		Employed (Month and Year):	From: To:
Name of Supervisor:		Reason for Leaving:	
Title of your Position:	Duties:		

May we contact the employers you have listed? If not, please state which one(s) and explain:  Yes  No

**IMMIGRATION REFORM CONTROL ACT:** Upon employment, you will be required to submit verification of your legal right to work in the United States.

**PLEASE NOTE**

Grower Direct has adopted a zero tolerance policy regarding workplace violence. Acts or threats, or perceived acts or threats of physical violence, including intimidation, harassment, and/or coercion, that involve or affect Grower Direct; or that occur on Grower Direct property; or in the conduct of Grower Direct business off site will not be tolerated. To maximize the safety of each employee, customers, personal and company property and general public, Grower Direct maintains a Drug Free work place.

**PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING**

\_\_\_\_\_  
 Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
 Initials I hereby authorize Grower Direct Nut Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
 Initials I understand that if offered a position with Grower Direct, I may be required to submit to a post-offer medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these post-offer tests will result in withdrawal of any employment offer or termination of employment if already employed.

\_\_\_\_\_  
 Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

**SIGNATURE OF APPLICANT**

**DATE**

\_\_\_\_\_

\_\_\_\_\_