



3759 46<sup>th</sup> street, Hamilton, MI 49419  
 Phone 269-751-7189  
 Fax 269-751-2521

## APPLICATION FOR EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

### PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
CELL PHONE ( )	HOME PHONE ( )	EMAIL ADDRESS	

ARE YOU AT LEAST 16 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, A FELONY OR MISDEMEANOR, WITH THE EXCEPTION OF A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, list date(s), offense(s), and where convicted. Attach a separate sheet of paper with information if necessary.</i> <i>Please note: a conviction is not necessarily a barrier from employment. Convictions will be considered only as related to the job applied for</i>	
HAVE YOU EVER APPLIED FOR EMPLOYMENT OR BEEN EMPLOYED WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST DATE (MONTH & YEAR) _____	
Do you currently have an active driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### PLACEMENT INFORMATION

POSITION APPLIED FOR	ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL PART TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL
REFERRAL SOURCE <input type="checkbox"/> WALK IN <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> INTERNET <input type="checkbox"/> JOB FAIR <input type="checkbox"/> EMPLOYEE REFERRAL: _____	
DESIRED RATE OF PAY	

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you do not know what the duties of the job you are applying are, please ask before you answer this question.</i>
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WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____
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**EDUCATION**

LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE SCHOOLS AND COLLEGES ATTENDED

NAME AND LOCATION (CITY/STATE) OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR/MINOR

PLEASE LIST ANY ADDITIONAL SPECIAL TRAINING OR SKILLS (INCLUDING LANGUAGES, FARMING EXPERIENCE, MACHINE OPERATIONS, ETC):

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

DO YOU HAVE U.S. MILITARY EXPERIENCE?    YES    NO

IF YES, WHAT BRANCH: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_   DATE DISCHARGED: \_\_\_\_\_   HONORABLY?    YES    NO

**REFERENCES**

LIST REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE. USE PERSONAL REFERENCES (NOT RELATIVES), ONLY IF YOU HAVE NO EMPLOYMENT REFERENCES.

CHECK ONE: <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PERSONAL	NAME	PHONE	OCCUPATION	YEARS KNOWN
CHECK ONE: <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PERSONAL	NAME	PHONE	OCCUPATION	YEARS KNOWN
CHECK ONE: <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PERSONAL	NAME	PHONE	OCCUPATION	YEARS KNOWN

PLEASE LIST ANY RELATIVES THAT ARE CURRENTLY OR PREVIOUSLY EMPLOYED BY DYKHUIS FARMS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PREVIOUS EMPLOYMENT

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. ACCOUNT FOR ALL TIME PERIODS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT EXCEEDING 30 DAYS. IF NECESSARY ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION.

PRESENT/LAST EMPLOYER	TELEPHONE	SUPERVISOR
ADDRESS		DATES OF EMPLOYMENT
POSITION HELD	SUMMARY OF DUTIES	
REASON FOR LEAVING		LAST RATE OF PAY

PREVIOUS EMPLOYER	TELEPHONE	SUPERVISOR
ADDRESS		DATES OF EMPLOYMENT
POSITION HELD	SUMMARY OF DUTIES	
REASON FOR LEAVING		LAST RATE OF PAY

PREVIOUS EMPLOYER	TELEPHONE	SUPERVISOR
ADDRESS		DATES OF EMPLOYMENT
POSITION HELD	SUMMARY OF DUTIES	
REASON FOR LEAVING		LAST RATE OF PAY

PREVIOUS EMPLOYER	TELEPHONE	SUPERVISOR
ADDRESS		DATES OF EMPLOYMENT
POSITION HELD	SUMMARY OF DUTIES	
REASON FOR LEAVING		LAST RATE OF PAY

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:**

I understand that prior to being offered employment I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform DYKHUIS FARMS, INC. prior to the administration of the test so that a reasonable accommodation can be made. DYKHUIS FARMS, INC. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION REGARDING THE NEED FOR ACCOMMODATION.

I agree to submit to physical examinations permitted by law performed by a health care professional before and during my employment at the request and expense of DYKHUIS FARMS, INC., and I agree to disclose completely all information lawfully requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of DYKHUIS FARMS, INC., I will cooperate in such lawful medical tests (including blood, urine, or other testing) as DYKHUIS FARMS, INC. requests to check for drugs or alcohol in my system or for any other physical condition. I waive, release, and promise not to make any claims against DYKHUIS FARMS, INC. (or any testing agency retained by it, or their employees, owners, and agents) related to any such testing or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that any claim or lawsuit arising out of my employment with or my application for employment with DYKHUIS FARMS, INC. must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I understand and agree that, if hired, my employment is on an at-will basis and may be terminated at any time with or without cause and with or without notice. I understand and agree that no one employed by DYKHUIS FARMS, INC. (except its Board of Directors by a specific written contract for a specific term of years naming the employee and signed by the employee and the Directors) has any authority to offer employment other than on an at-will basis. I also understand and agree that DYKHUIS FARMS, INC.'s policy and its decisions on all employment related matters are final, and are not subject to review or appeal outside of DYKHUIS FARMS, INC. except as required by laws providing or requiring employers to provide specific employment standards and rights.

I agree that the contents of any lockers, desks, or other property of DYKHUIS FARMS, INC. I may be using, and property of my own I bring onto the premises of DYKHUIS FARMS, INC. (including without limitation to cars, packages, and purses) may be inspected by the Company at any time, and I waive and promise not to make any claims against DYKHUIS FARMS, INC. (or its employees, owners, or agents) relating to such inspection.

I certify that the facts contained in this application are true and complete and that any falsification, misrepresentation or omission may result in refusal of or immediate termination from employment. I authorize investigation of all statements contained in this application for any employment-related purpose. I authorize and request all my listed references, former employers, and educational institutions to give DYKHUIS FARMS, INC. all information and opinions about me in their possession; I hereby release these references, former employers, and educational institutions from any liability or claim relating to such release of information and opinions.

I agree to the above terms of employment.

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**SIGNATURE**

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**DATE**