

Farm + Vine  
 811 LaSalle Avenue, #213  
 Mpls Mn 55402  
 (612) 746-4756



<b>Location:</b> FV01	<b>Score:</b> 1 2 3 4 5 6 7 8 9 10 <b>Comments:</b>  An Equal Opportunity Employer
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Last Name		First Name		M. I.	
Address: Street		City		State Zip	
Today's Date:		Phone - Day:		Phone - cell:	

What position are you applying for?	Circle one or more:	Full Time	Part Time	Temporary
If hired, can you provide proof of your US Citizenship or proof of your legal right to work in the US?			YES	NO

Name and Address of current or most recent employer:				Employment Dates:	
				Start:	End:
Supervisor's Name	Title	Phone	Your Position?	Pay Rate	
Reason for leaving:			May we contact this employer?		
			Yes No Ask me about this.		

Name and Address of previous employer:				Employment Dates:	
				Start:	End:
Supervisor's Name	Title	Phone	Your Position?	Pay Rate	
Reason for leaving:			May we contact this employer?		
			Yes No Ask me about this.		

In case of emergency, please contact:		
Name:	Phone:	Relationship:

**This application is not complete until signed and all statements below have been read and initialed.**

Initial here: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial here: \_\_\_\_\_ I recognize that the employment application is not an offer of employment. I further agree that if hired by the Company, I will be an at-will employee which means that either the Company or I may end my employment at any time with or without cause or notice. I agree that no written materials or verbal statements by the company will constitute an express or implied contract of continued employment and that, if I am hired, only the President of the Company will have the authority to alter the at-will nature of my employment. Any such modification must be in writing and must identify me by name and be signed by the President.

Initial here: \_\_\_\_\_ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial here: \_\_\_\_\_ I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position that I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev 08/17

Applicant was interviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Manager:	Date:
Applicant was hired	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If not hired, why not?	<input type="checkbox"/> No Openings <input type="checkbox"/> Work schedule <input type="checkbox"/> Communications Skills <input type="checkbox"/> Qualifications <input type="checkbox"/> Other reason applicant not hired:			