

Fruit Growers Laboratory, Inc.

An Equal Opportunity Employer

Corporate Offices & Laboratory

P.O. Box 272 / 853 Corporation St.

Santa Paula, CA 93061-0272

Tel: 805-392-2000

Fax: 805-525-4172

EMPLOYMENT APPLICATION

Please Print

Date: _____

Name: _____
Last First Middle

Business Telephone () _____ Home Telephone () _____

Social Security Number: _____

Present Address : _____
Street City State Zip

Permanent Address (if different from above)

_____ Street City State Zip

Employment Desired

Position applying for: _____

Location: [] Santa Paula, CA [] Stockton, CA [] Chico, CA

Are you applying for:

Regular full-time work?..... Yes ___ No ___

Regular part-time work?..... Yes ___ No ___

Temporary work, e.g., summer or holiday work?..... Yes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? _____

Are you available for work on weekends?..... Yes ___ No ___

Would you be available to work overtime, if necessary?..... Yes ___ No ___

If hired, on what date can you start work? _____

Salary desired: _____

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Personal Information

Have you ever applied to or worked for FGL Environmental, Inc. before?..... Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for FGL Environmental, Inc.?..... Yes ___ No ___

If yes, state name and relationship to each _____

Why are you applying for work at FGL Environmental, Inc.? _____

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

Are you at least 18 years old? Yes ___ No ___

(If under 18, hire is subject to verification that you are of minimum legal age.)

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 ___

After reading and reviewing the job description, are you able to perform the essential functions of the job for which you are applying?..... Yes ___ No ___

If no, describe the function 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. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense, (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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Are you currently employed? Yes ___ No ___

If so, may we contact your current employer? Yes ___ No ___

Education, Training and Experience

School	Name & Address	No. Of Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes ___ No ___	
College / University			Yes ___ No ___	
Vocational / Business			Yes ___ No ___	

Many of our customers (clients) 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 or skills which you feel make you especially suited for work at FGL Environmental, Inc.? If so, please explain: _____

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Employment History

List below all present and past employment starting with your most recent employer, (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone Number () _____ Your Supervisor's Name _____

Your Position & Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason(s) for Leaving: _____

2. Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone Number () _____ Your Supervisor's Name _____

Your Position & Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason(s) for Leaving: _____

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Reason(s) for Leaving:(cont.) _____

3. Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone Number () _____ Your Supervisor's Name _____

Your Position & Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason(s) for Leaving: _____

4. Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone Number () _____ Your Supervisor's Name _____

Your Position & Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason(s) for Leaving: _____

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Reason(s) for Leaving:(cont.) _____

5. Name of Employer _____

Address _____
Street City State Zip

Type of Business _____

Telephone Number () _____ Your Supervisor's Name _____

Your Position & Duties _____

Dates of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason(s) for Leaving: _____

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as a result of service in the military?Yes ____ No ____

If so, please describe: _____

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References

List below three persons, not related to you, who have knowledge of your work performance within the last three years:

1. Name _____

Address _____

Street

City

State

Zip

Occupation _____

Telephone Number () _____ Number of Years Acquainted _____

2. Name _____

Address _____

Street

City

State

Zip

Occupation _____

Telephone Number () _____ Number of Years Acquainted _____

3. Name _____

Address _____

Street

City

State

Zip

Occupation _____

Telephone Number () _____ Number of Years Acquainted _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

- _____ I understand & acknowledge that, if I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States.
- _____ I understand & acknowledge that, if I am offered employment, I will be required to possess a current and valid California driver's license, if my job requires me to drive in the course of my work. (Refer to copy of job description accompanying this employment application.)
- _____ I understand & acknowledge that, if I am offered a position, it will be offered on the condition that my Employment shall be at will and for no definite period. I understand and agree that my employment may be terminated by the Company at any time, with or without cause, and with or without notice, at the option of either the Company or myself. I further understand and acknowledge that the Company retains the right to demote, transfer, change job duties, and change compensation at any time with or without notice and without cause at its sole discretion.
- _____ I understand & acknowledge that if I am employed, that any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal, regardless of the time elapsed before discovery.
- _____ I understand & acknowledge that, upon request of the Company, I will submit to a drug testing as may be required to allow entrance onto job sites. I further understand that qualifications to enter onto customer sites are essential to the performance of job duties. I understand that failure to submit to drug testing and to be found free of illegal drugs, may result in the termination of my employment.
- _____ I hereby agree to submit to binding arbitration, all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that cannot be resolved by informal internal resolution, which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.
- _____ 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. Also, 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 president.
- _____ I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure all information about my experience from former employers, educational institutions, government agencies, and/or any references I have provided, and for those parties to provide information concerning my experience. I hereby release all parties from liability arising from such investigation of references.

Date _____

Applicant's Signature _____