APPLICATION FOR EMPLOYMENT

We appreciate your interest in Pine Island Cranberry Company, Inc. Pine Island Cranberry is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable federal, state, or local laws. Pine Island Cranberry also prohibits harassment of applicants or employees based on any of these protected categories. It is also Pine Island Cranberry's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

GENERAL INFORMATION								
Last Name		I	First Name	Middle Initial		Social Security Number:		
Street Address Cit			/State	Zip Code Pho		hone Number:		
				-				
If hired, can you provide evidence of legal				Any offer of employment is conditioned upon completing form I-9				
eligibility to work in the U.S.?				and providing the appropriate documents for identity and work authorization.				
Position Desired: W		Wa	ge/Salary Desired:	Full Time? Part Time?				
		<u> </u>		1				
Date you can begin work? Are y			ou 18 years of age er?	If under 18 years of age, you will be certificate or work certificate as requ				
Name of high school attended:			City & State	Graduate?		GED?		
Name of college or technical school:			City & State	Graduate?		Degree?	Major:	
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:								
- Your Availability For Work -								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From:	•				•		•	
To:								
Total hou available	irs per week y to work:	you are	Do you have any special requests or needs for a work schedule?					
- Provide Three References Who Are Not Former Employers Who We May Contact -								
Name and Occupation			How do you know them, and for how long?				Phone Number	
2			-		-			

WORK EXPERIENCE

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?						
Name of Employer:	Job Title: Duties:					
Address:	Dates of Employment:					
ridiress.	From: To:					
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:					
Supervisor:	Reason for Leaving:					
Telephone:						
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Name of Employer:	Job Title: Duties:					
Address:	Dates of Employment:					
	From: To:					
City, State, Zip Code	Hourly pay or salary:					
Supervisor:	Starting pay: Ending pay: Reason for Leaving:					
Telephone:						
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Name of Employer:	Job Title: Duties:					
Address:	Dates of Employment: From: To:					
City, State, Zip Code	Hourly pay or salary:					
	Starting pay: Ending pay:					
Supervisor:	Reason for Leaving:					
Telephone:						
N CE I	I I TO					
Name of Employer:	Job Title: Duties:					
Address:	Dates of Employment:					
City State Zin Code	From: To: Hourly pay or salary:					
City, State, Zip Code	Starting pay: Ending pay:					
Supervisor:	Reason for Leaving:					
Telephone:						

ADDITIONAL EMPLOYMENT INQUIRES

If applying for a position that will include driving:							
Driver's License Information: State:	Number:						
Expiration Date:							
Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):							
If hired, you may be required to provide proof of insurance coverage.							
Emergency Contact Person							
Name: Phone Number:							
APPLICANT'S STATEMENT & ACKN	OWLEDGEMENT						
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application,							
including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.							
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.							
I have read, understand, and agree to the above statements.							
Signature:	Date:						