

Employment Application

Position Applying For:						
Date:						

Monument Farms Inc.

2107 James Rd Weybridge, VT 05753

Phone (802)545-2119

PERSONAL INFORMATION								
Full Legal Name:	Fi	rst		Middle				
Phone:	Alt. Phone:			Best time to call:				
Mailing Address:	City		State Zip Code	Email:				
Are you legally eligible for employment in this country? Are you on a layoff and subject to recall? Are you seeking a permanent position? Are you active Military/National Guard, subject to deployment? Are you able to perform the essential functions of the position without reasonable accommodations? If Necessary for the job, I am able to: Work overtime if required? Pass a pre-employment drug screening? Provide a valid Vermont drivers License? If yes, is this a Commercial Drivers Licence? Class No			This section only needs to be completed by applicants seeking a driving position. Have you had: 2 or more speeding violations in the last 3 years? Yes No Seeking a driving position. If yes, did these violations include: Excessive Speeds(15 mph or more above the posted speed limit) Racing or exhibition driving Careless/reckless driving Imprudent driving License suspension or revocation in the last 3 years? Yes No Any alcohol or drug related convictions in the last 3 years? Including but not limited to: DUI,DWI,BAC Open Container,Controlled Substance Yes No					
	EMF	PLOYME	NT HISTORY					
List most recent emp	oyment first. Include temporary j	obs. Be sure	all your experience or emplo	yers related to this job are I	isted here.			
Employer name and address:	Position title/duties, required skills:			Start Date:	End Date:			
				Reason For Leaving:				
	Supervisor		Telephone	Start Date:	End Date:			
Employer name and address:	Position title/duties, requi	red skills:		Reason For Leaving:				
	Supervisor		Telephone					
Employer name and address:	Position title/duties, required skills:		·	Start Date:	End Date:			
	Supervisor		Telephone	Reason For Leaving:				

	PERSONAL/PROFES	SIONAL R	EFERENC	ES					
Name	Relationship	1		Telephone					
			•						
	EDUCATION								
School Name	Location	Years Atter	tended Degree						
Other Training or Certificates:	•								
	CDL DRIVER Q	UALIFICA	ATIONS						
	creening prior to employment. nt approved DOT medical card. s must have a clean driving history	as required	by our inst	ırance carri	er. (Consent form attached)				
By signing belo	ow, I aknowledge that I have re that all information				ions, and warrant				
Applicant's Sig	gnature		-	Date					