



1949 E. MANNING AVENUE • REEDLEY, CA 93654
 (559) 638-8484
 (800) 344-8951
 (559) 638-7478 FAX
 www.swfcompanies.com



EMPLOYMENT APPLICATION

Equal access to services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT THE FOLLOWING INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ MESSAGE PHONE: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE FOR WORK: _____

NAME AND POSITION OF ANY RELATIVE WORKING FOR US: _____

LAST YEAR OF SCHOOL COMPLETED 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

NAME OF COLLEGE, DEGREES, MAJOR: _____

Have you been convicted of a felony within the last seven years? (Convictions will not necessarily disqualify an applicant from employment. Do not provide information about misdemeanor marijuana convictions more than two years old). Yes No If yes, explain:

Have you used illegal drugs within the past three years? Yes No
 If yes, which illegal drugs did you use? _____ When did you use each of these drugs? _____

Are you able to meet the attendance requirements of the position? Yes No

If hired, would you have a reliable means of transportation? Yes No

Were you previously employed by us? Yes No If yes, dates: _____

Are you at least 18 years old? Yes No (subject to verification that you are of minimum legal age)

Are you applying for: **Full time** Yes No **Part-time** Yes No

At various times throughout the year **SWF COMPANIES** functions 7 days a week, and the number of hours of operation varies as business dictates. All employees, both management and hourly, must realize this fact and be aware that at times it may be necessary to move an employee from an accustomed shift.

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying:

REFERENCES:

Name: _____ Phone: _____ Years known: _____

Name: _____ Phone: _____ Years known: _____

EMPLOYMENT HISTORY: LIST YOUR PRESENT AND PAST EMPLOYERS FOR THE PAST FIVE YEARS, BEGINNING WITH YOUR MOST RECENT

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		MAY WE CONTACT?
IMMEDIATE SUPERVISOR	SUMMARIZE WORK PERFORMED AND RESPONSIBILITIES		
REASON FOR LEAVING	WAGE/SALARY RECEIVED		
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		MAY WE CONTACT?
IMMEDIATE SUPERVISOR	SUMMARIZE WORK PERFORMED AND RESPONSIBILITIES		
REASON FOR LEAVING	WAGE/SALARY RECEIVED		
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		MAY WE CONTACT?
IMMEDIATE SUPERVISOR	SUMMARIZE WORK PERFORMED AND RESPONSIBILITIES		
REASON FOR LEAVING	WAGE/SALARY RECEIVED		

PLEASE READ CAREFULLY, INITIAL AND SIGN BELOW:

_____ I UNDERSTAND THAT THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY APPLICABLE LOCAL, STATE OR FEDERAL LAW.

_____ I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

_____ I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR MISTATEMENT OF MATERIAL FACT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ I HEREBY AGREE TO SUBMIT TO BINDING ARBITRATION ALL DISPUTES AND CLAIMS ARISING OUT OF SUBMISSION OF THIS APPLICATION. I FURTHER AGREE, IN THE EVENT THAT I AM HIRED BY SWF COMPANIES. THAT ALL DISPUTES THAT CANNOT BE RESOLVED BY INFORMAL INTERNAL RESOLUTION WHICH MIGHT ARISE OUT OF MY EMPLOYMENT WITH SWF COMPANIES, WHETHER DURING OR AFTER MY 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 PARTIES WITH REGARD TO DISPUTE RESOLUTION, EITHER ORAL OR WRITTEN.

_____ IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCE TO THE CONTRARY AND THAT NO IMPLIED, ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE COMPANY'S PRESIDENT.

_____ I UNDERSTAND THAT AN OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON MEETING THE COMPANY'S DRUG AND/OR ALCOHOL TESTING FOR THE POSITION FOR WHICH I AM APPLYING.

_____ IN THE EVENT THAT I SHOULD TERMINATE EMPLOYMENT WITH SWF COMPANIES, I AUTHORIZE THE WITHHOLDING OF ANY MONIES OWED FROM MY FINAL PAYCHECK.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL THE TERMS OF THE FOREGOING APPLICANT STATEMENT:

Signature of Applicant: _____ Date: _____

SWF COMPANIES
1964 E. MANNING AVENUE
REEDLEY, CA 93654
(559) 638-2531 FAX (559) 638-4803

AUTHORIZATION TO RELEASE INFORMATION

I REQUEST, AUTHORIZE AND CONSENT THE RELEASE OF INFORMATION TO SWF COMPANIES REGARDING MY PREVIOUS EMPLOYMENT AND AUTHORIZE ALL PAST EMPLOYERS OR AGENTS THAT THEY MAY DESIGNATE TO RESPOND TO WRITTEN AND VERBAL INQUIRIES FROM SWF COMPANIES REGARDING MY EMPLOYMENT RECORD, INCLUDING, BUT NOT LIMITED TO, POSITION HELD, DATE OF EMPLOYMENT, LAST PAY RATE, WORK PERFORMANCE, DISCIPLINARY RECORDS, RELIABILITY AND ANY INCIDENTS OF DISHONESTY, INSUBORDINATION, VIOLENCE, AND/OR UNSAFE, HARMFUL OR THREATENING BEHAVIOR, INCLUDING INFORMATION BASED ON MATERIALS IN MY PERSONNEL FILES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY CONTACTED BY SWF COMPANIES TO FURNISH THE ABOVE INFORMATION:

APPLICANT'S SIGNATURE

DATE

PROSPECTIVE EMPLOYER'S SIGNATURE

DATE

APPLICANT – DO NOT WRITE BELOW THIS LINE

WORK REFERENCE

COMPANY NAME

ATTN

ADDRESS (OR) FAX NUMBER

CITY

STATE AND ZIP CODE

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

DATES OF EMPLOYMENT (FROM-TO)

JOB TITLE

PAY RATE

BRIEF DESCRIPTION OF DUTIES

ATTENDANCE RECORD (GOOD/FAIR/POOR) AND/OR COMMENTS

JOB PERFORMANCE (GOOD/FAIR/POOR) AND/OR COMMENTS

DISCIPLINARY PROBLEMS DURING EMPLOYMENT

VIOLENCE ISSUES

REASON FOR LEAVING?

ELIGIBLE FOR REHIRE?

YOUR SIGNATURE AND TITLE

IF YOU WISH TO DISCUSS THIS INDIVIDUAL PERSONALLY, PLEASE CALL US AT (559) 638-8484 AND REQUEST THE HUMAN RESOURCES MANAGER OR HUMAN RESOURCES SPECIALIST. PLEASE FAX YOUR RESPONSE TO (559) 638-7478.

THANK YOU FOR YOUR COOPERATION!

