



FRESNO and MADERA

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Name: _____ Middle: _____ Last: _____

(PLEASE PRINT CLEARLY)

Telephone No.: () _____ Social Security No.: _____ - _____ - _____

Present Address: _____
Number Street City State Zip

Permanent Address if different from present address:

_____ Number Street City State Zip

Email Address: _____

EMPLOYMENT DESIRED 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 hours and days are you available for work?		
Are you available for work on weekends?	YES	NO
Are you available to work overtime, if necessary?	YES	NO
If hired, on what date can you start work?		
Salary desired:		

PERSONAL INFORMATION		
Have you ever applied to or worked for this company before?	YES	NO
If yes, when?		
Do you have any friends or relatives working for this company?	YES	NO
If yes, state name(s) and relationship.		
If hired, would you have a reliable means of transportation to and from work? <small>(If your job includes using a company vehicle you will be asked for DMV printout of your driving record.)</small>	YES	NO
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
Do you have any limitations on your ability to perform the duties of the job for which you are applying? <small>(Note: Hire may be subject to passing a physical examination and drug test.)</small>	YES	NO
If yes, describe the conditions and the nature of your work limitations:		



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EMPLOYMENT APPLICATION (cont.)

EDUCATION, TRAINING AND EXPERIENCE

SCHOOL	NAME & ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE/DIPLOMA
High School				
College University				
Vocational Business				
Other				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? YES NO

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our company?
If so, please explain:

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? YES NO

If yes, describe:

ACTUAL EXPERIENCE IN ANY OF THE FOLLOWING (Check all that apply to you)

SERVICE DEPARTMENT

- Service Manager
 Shop Foremen
 Tractor Mechanic
 Small Gasoline Engine Work
 Hydraulics Work
 Machine Set-up
 Electrician
 Painting
 Truck Driver
 Diesel Engine Work
 Service Technician

SALES DEPARTMENT

- Sales Manager
 Farm Machinery Sales: New Used
 Light Industrial Equipment
 Truck Salesman
 Auto Salesman
 Outdoor Power Sales (small lawn & garden)
 Commercial Turf Equipment Sales
 Wholegoods Equipment Coordinator (Clerical)

PARTS DEPARTMENT

- Parts Manager
 Parts Clerk
 Parts Inventory Control
 Outside Parts Sales
 Field Parts Sales
 Parts Counter Sales: Customer - (front) hop - (back)

OFFICE

- Office Manager
 Bookkeeper
 Cashier
 Secretary
 File Clerk
 Computer/Word Processing

JANITOR

- Janitor



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EMPLOYMENT APPLICATION (cont.)

PREVIOUS EMPLOYMENT HISTORY (begin with most recent position)

Name of employer: _____

Address: _____
 Number *Street* *City* *State* *Zip*

Telephone No.: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: *From:* _____ *To:* _____

Weekly Pay: *Starting:* _____ *To:* _____

Reason for leaving: _____

Name of employer: _____

Address: _____
 Number *Street* *City* *State* *Zip*

Telephone No.: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: *From:* _____ *To:* _____

Weekly Pay: *Starting:* _____ *To:* _____

Reason for leaving: _____

Name of employer: _____

Address: _____
 Number *Street* *City* *State* *Zip*

Telephone No.: () _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: *From:* _____ *To:* _____

Weekly Pay: *Starting:* _____ *To:* _____

Reason for leaving: _____



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EMPLOYMENT APPLICATION (cont.)

REFERENCES: List below three people who have knowledge of your work performance within the last three years.

Name: _____

Address: _____
Number Street City State Zip

Telephone No.: () _____ No. of years acquainted: _____

Occupation: _____

Name: _____

Address: _____
Number Street City State Zip

Telephone No.: () _____ No. of years acquainted: _____

Occupation: _____

Name: _____

Address: _____
Number Street City State Zip

Telephone No.: () _____ No. of years acquainted: _____

Occupation: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquires in connection with my application.

In the event I am employed I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____