

THE AGRICULTURAL AND LABOR PROGRAM, INC.

Submit Applications to Human Resources Department P.O. Box 3126 Winter Haven, FL 33885 Telephone (863)956-3491 Toll-Free (800) 330-3491 Fax Number (863) 956-3357

APPLICATION FOR EMPLOYMENT

Employees and applicants sha of employment without regard national origin, disability, mar	to race, color, religion	, political affiliati	1	Please print clear	rly
Date	Position:			(One per application	on)
Name			Social Security Nu	ımber	
Last	First	Middle Initial			
Present address					
Number	Street		City	State Zip	
Telephone Number ()		Message	Phone ()		_
	EI	DUCATION			
Circle the highest grade comp	leted: 1 2 3 4 5 6	7 8 9 10 11	12		
If you did not complete high scho	ol, do you have a high sc	hool equivalency d	iploma? Yes No	Date Received?	
Circle the number of years of	post high school educa	tion 1 2	3 4 5 6 7		
Name and Location of Institution Please list High School and College e	ducation	Mo./Yr.	Major or Specialty	Received Complete	
			· ·		-
					_
If you expect to complete an e	ducational program in	the near future, p	lease indicate what t	ype of degree or progra	am

and expected completion date:

LICENSES AND CERTIFICATIONS

List any licenses and/or certifications which you feel may be applicable to your application. Please include date of receipt.

For official use only				
Meets BFOQ	Experience	Education	License	
Does not meet BFOQ	Other		Date received	
Certified for:				
Ву:		Date:		

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your present or last job. Include ALL paid , military, and applicable volunteer experience. You may list significantly different jobs within the same organization as separate items. Use a separate block to describe each position. Please provide an explanation of any gaps in employment. If needed, attach additional sheets. **Resumes can be used to give additional information and cannot substitute completing this section.**

Address Phone Number () - Iob Title		
Supervisor's Name Dates Employed From		То
Address Phone Number () - Job Title Supervisor's Name Dates Employed From Starting Salary Ending Salary Full-time Part-time May we c	ontact ?	Yes No
Describe your duties and responsibilities		
Person for Leaving		
Reason for Leaving		
Name of Previous Employer		
1.7		
Address Phone Number () Job Title		
Supervisor's Name Dates Employed From		То
Supervisor's Name		
Describe your duties and responsibilities		
	Full-time	Part-time
	Full-time	Part-time
Reason for Leaving	Full-time	Part-time
	Full-time	Part-time
	Full-time	Part-time
	Full-time	Part-time
Reason for Leaving Name of Previous Employer	Full-time	Part-time
Reason for Leaving	Full-time	Part-time
Reason for Leaving		Part-time To
Reason for Leaving		
Reason for Leaving		To
Reason for Leaving		To

	er				
Address	Phone Number ()	- Job Title		
Supervisor's Name			Dates Employed From	То	
Starting Salary	Ending Salary	Your na	me if different from present		
Describe your duties and re	esponsibilities				
Reason for Leaving				Full-time	Part-time
	Phone Number (
Address	Phone Number ()	JOD_11tle Dates Employed From	То	
Starting Salary	Ending Salary	Your na	me if different from present	10	
Reason for Leaving				Full-time	Part-time
				Full-time	Part-time
Name of Previous Employ	er				
Name of Previous Employ Address	er Phone Number ()	- Job Title		
Name of Previous Employ Address	er)	- Job Title		
Name of Previous Employ Address Supervisor's Name Starting Salary	er Phone Number ()) Your na	Job Title Dates Employed From me if different from present _	To	
Name of Previous Employ Address Supervisor's Name Starting Salary	erPhone Number (Ending Salary)) Your na	Job Title Dates Employed From me if different from present _	To	
Name of Previous Employ Address Supervisor's Name Starting Salary	erPhone Number (Ending Salary)) Your na	Job Title Dates Employed From me if different from present _	To	
Name of Previous Employ Address Supervisor's Name Starting Salary Describe your duties and re	erPhone Number (Ending Salary esponsibilities) Your na	Job Title Dates Employed From me if different from present	To	

KNOWLEDGE, SKILLS AND ABILITIES

List any additional information you feel will assist in the evaluation of your qualifications. Include training, seminars, workshops, specialized skills and achievements.

	DEEDEMCES			
REFERENCES Please give 4 professional references, excluding former employers and relatives.				
		·		
	MISCELLANEOUS			
Are you available to work?	Full-Time Part-Time			
If hired, on what date would you	be available to start?			
		986, are you legally eligible for employment in the		
United States? Yes	_No. You will be required to provide documer	ntation to that effect should you be employed.		
Have you ever been employed by	us before? If yes, specify dates and	position		
Do you have any relatives employ	yed with us? If so, whom?			
If hired, do you have a reliable m	eans of transportation?			
	moving violations of traffic laws within the past	a 3 years? Yes No. If yes, please		
	of your driving record? Yes N	No		
criminal violation? (A "YES" an		d, plead Nollo Contendere or pleaded guilty to any mployment.) YesNo. If yes, please		
I hereby certify that all entries at		and I agree and understand that any falsification of the Agricultural		
Labor Program, Inc. (hereinafter 1		mation on this application is subject to verification and t to references and former employers and educationa		

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (optional)

To comply with the United States Government Equal Employment Opportunity requirements, we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. The information which you provide will be kept confidential.

- 1. Sex: Male Female
- 2. Position(s) for which you are applying:
- 3. Racial/ Ethnic Data (please check one)

American Indian (includes Alaskans) Asian and Asian American (includes Pakistanis Indians & Pacific islanders) Black (includes Jamaican, Bahamians, and other Caribbeans of African but not Hispanic or Arabian descent) Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin) White (includes Arabian) Other (please specify)

4. Please indicate your date of birth: / /

5. How were you referred to ALPI? Newspaper* Agency Job Postings Internet* Other (Please specify) One Stop Career Centers

* Specify name of newspaper or Internet site