



CLINTON SEASE FARM, LLC
404 Olde Farm Road
Lexington, SC 29072

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Are you 16 or older?

PLACE AN "X" NEXT TO YOUR CHOICE

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have reliable means of transportation? YES NO Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Phone Number: Relationship:

Full Name: Phone Number: Relationship:

Full Name: Phone Number: Relationship:

Personal Background: Interests, hobbies, awards, leadership position's, etc.

## Employment History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason Left: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES                  NO

## Skills

**PLACE AN "X" UNDER YOUR CHOICE**

Do you possess a valid driver's license?	YES	NO	Are you able to operate a tractor?	YES	NO
Are you able to use a weed eater?	YES	NO	Are you available to work nights and weekends?	YES	NO
Are Have you operated a cash register before?	YES	NO	Have you used a deep fryer or flat grill in a commercial kitchen?	YES	NO
Are you Safe-Serve certified?	YES	NO			

List any farm machinery you have and are able to operate?

\_\_\_\_\_  
 \_\_\_\_\_

I certify that the foregoing answers on this application are true, accurate, and correct to the best of my knowledge and understand that any false information, incomplete or deceptive response, misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. I authorize all former employers and other persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant, and I release all employers or other person supplying or requesting such information from any and all liability

Signature: \_\_\_\_\_ Date: \_\_\_\_\_