



APPLICATION FOR EMPLOYMENT

Hickman's is an equal opportunity employer in compliance with State and Federal employment laws. Hickman's is a drug free workplace. All employees are subject to random screening. I agree to be randomly screened for drugs.

Signature: _____

Date of Application: _____ Social Security Number: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone No: _____

Previous Address: _____ City: _____ State: _____

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States: (Circle) Yes No

If you are under 18, please state your age: _____ Do you own any birds? (Circle) Yes No

Emergency contact: _____

(Name)

(Phone)

(Relationship)

Have you worked for this company before? (Circle) Yes No When? _____

Reason for leaving? _____

Are any of your relatives currently employed with the company? Yes___No___If yes, Name: _____

Position applied for? _____ Rate of pay desired? _____

Are you currently employed? _____ Where? _____

If not, how long since last employed? _____ Do you speak fluent English? _____

Are you willing to take a pre-employment drug screening? _____ Can you pass? _____

Who referred you? _____

Why do you want to work for Hickman's? _____

Have you ever been convicted of or pled guilty to a felony? (Circle) Yes No

A "yes" answer will not automatically disqualify the applicant from employment.

If yes, please explain: _____



Answering the following questions is voluntary and to be used only for keeping statistical records. Hickman's is an equal opportunity, affirmative action employer and the following information will help us track our performance as such:

Gender: Male___ Female___

Ethnic Group: White___ Black/African American___ Native Hawaiian or Pacific Islander___ Asian___

American Indian/Alaskan Native___ Hispanic___ Two or more races___

Are you a veteran? Yes___ No___ Are you a Vietnam Era veteran? Yes ___ No ___

Are you a Special Disabled Veteran? Yes___ No___

Signature: _____ Date: _____

Printed Name: _____