



Application for Employment

NOTICE TO APPLICANTS

Silver Springs Citrus, Inc. is an equal employment opportunity employer. Our policy is to make employment decisions without regard to race, color, age, sex, religion, national origin, disability, marital status, creed, or any other condition prohibited by law.

Silver Springs Citrus complies with the Americans With Disabilities Act of 1990. During the employment application process, you may be asked about your ability to perform essential job functions. If you are given a conditional offer of employment, you will be required to complete a Post-Job Offer Medical History Form and undergo a medical examination. All employees entering the same job category will be subject to the same medical questionnaire and medical examination. All information relating to the applicant's medical history and examination will be maintained on a confidential basis in separate files. If special arrangements are required for you to be interviewed because of functional limitations imposed by a disability, **Silver Springs Citrus** will arrange any reasonable accommodation(s). Applicants who need accommodation for an interview should request this in advance.

PLEASE PRINT and USE BLACK OR BLUE INK

NOTE: Please answer all questions on this application even if you must write "N/A" or "Not Applicable". Do NOT leave any questions blank. Resumes may be attached, but are not acceptable in lieu of completion of this application. This application will remain on file for 60 days. If you wish to be considered for employment after 60 days, you must re-apply.

Application Date: _____ Specific job applying for? _____
Minimum weekly salary requirement: _____ Date available to work: _____
Special knowledge and/or skills: _____

Name: _____ Social Security Number: _____

Street: _____ City: _____ State: _____ Zip: _____

Business Telephone () _____ Home Telephone () _____

Email Address: _____

Were you referred by an employee? Yes ___ Who: _____ No ___ by an ad in/on _____

Can you submit documentation verifying your legal right to work in the U.S. and your identity? Yes ___ No ___

Are you below the age of 18? Yes ___ No ___ Do you wish to work: ___ Full Time; ___ Part Time; ___ Temporarily

Did you ever use another name, for example a maiden name or alias? _____ If so, please state name(s) and dates used: _____

Have you ever worked at **Silver Springs Citrus** before? Yes ___ No ___ If yes, when? _____

What job? _____ Supervisor? _____

Have you ever applied for work here before? Yes ___ No ___ If yes, when? _____ Were you interviewed? _____ Have

you ever been assigned to work here by a Temporary Service? _____ If yes, name of service: _____

Date were you assigned/started: _____ Date assignment ended: _____ Job duties performed: _____

Do you have any commitments to another employer, or otherwise, that might affect your employment with us? Yes ___ No ___ If yes, please specify: _____

EMPLOYMENT HISTORY:

ALL applicants must complete this section. All blanks must be filled even if a resume is submitted. (Include U.S. Military Service if it is one of your 3 most recent employers starting with your most recent.

(1) Employer/Business Name: _____ Telephone No.: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employed **from** Month: Year: **to** Month: Year: _____

Supervisor's Name:	Your Job Title:	Starting Pay Rate:	Ending Pay Rate:
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Describe job duties performed:

Reason for Leaving: _____

(2) Employer/Business Name: _____ Telephone No.: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employed **from** Month: Year: **to** Month: Year: _____

Supervisor's Name:	Your Job Title:	Starting Pay Rate:	Ending Pay Rate:
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Describe job duties performed:

Reason for Leaving: _____

(3) Employer/Business Name: _____ Telephone No.: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employed **from** Month: Year: **to** Month: Year: _____

Supervisor's Name:	Your Job Title:	Starting Pay Rate:	Ending Pay Rate:
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Describe job duties performed:

Reason for Leaving: _____

May we contact the employers listed? Yes ___ No ___ Please explain reasons for not contacting any prior employer:

Have you ever been discharged or suspended without pay by any employer? _____ If so, please explain:

Do you have transportation to work? Yes___ No___ Will you work extended hours if assigned? Yes___ No___

Will you work any shift? Yes___ No___ Will you be available 7 days per week if needed? Yes___ No___

If you answered "no" to any of the last four questions, please explain:

NOTE: You will not automatically be barred from employment due to a felony conviction.

Have you ever been convicted or pled guilty or no contest to a felony? Yes___ No___

If yes, how many:_____

Please provide dates for felony or felonies:_____

Felony Description(s):_____

In case of emergency notify:

Name: _____ Telephone Number: _____

Address Street City State Zip Code

Do you have friends or relatives who work here or is there another way to contact you?

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Over-the-Road Driver Applicants must provide Florida Driver License Class and number: _____

EDUCATIONAL DATA

School	Print Name and Address of Each School Listed	Number of Years Completed	Degree, Major or Type of Course
High School			
College			
Trade, Business, Night, Correspondence			
Other			

MILITARY EXPERIENCE

Are you a veteran of the U.S. Military Service? Yes__ No__ If Yes, branch of service: _____

Brief description of duties:

Reason for leaving U.S. Military Service: _____

PERSONAL REFERENCES

List three references (not relatives):

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT'S ACKNOWLEDGMENT AND CERTIFICATION

The answers given in this application are true and complete. I understand that any false or misleading statements as well as any incomplete answers in this application may remove me from consideration for employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that I may be terminated if **Silver Springs Citrus** discovers false, misleading or omitted information was provided in my application or interview(s).

I understand that if I am accepted for employment with **Silver Springs Citrus**, it will be on an employment-at-will basis and it will be for no specific term and it may be terminated by my employer or by me at any time for any reason. I understand that my employment is not subject to an employment contract, and no oral promise or policy or custom or business practice, including employee policies and handbooks, are intended to constitute an employment contract.

I understand that the employer's policies and practices relating to the terms and conditions of my employment may be modified at the sole discretion of **Silver Springs Citrus** and that if employed, I will be required to comply with all Company policies, rules and regulations.

Silver Springs Citrus maintains a Drug Free Workplace in accordance with Florida Statutes. If I am given a conditional offer of employment, I understand that I will be required to submit to alcohol/drug testing as a condition of hire and employment. I understand that employment may be conditioned upon a negative substance abuse screening test result. I further agree to submit, if employed, at any reasonable time during my employment, and without notice, to a substance abuse screening. I understand that refusal to take a requested substance abuse screening test may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I understand that **Silver Springs Citrus** is committed to safety. I certify that, if employed, I will be alert, safety conscious, work safely, and report any safety hazards or concerns to the Safety Manager.

I understand that **Silver Springs Citrus** is an agricultural business and seasonal in nature. I also understand that if I am hired, I may be assigned to a position that is necessary only when appropriate crops are available.

I certify that I understand the primary job functions, secondary job functions, performance standards, machines/equipment/tools used, safety equipment requirements, qualifications, and working conditions of the position I am applying for. I further certify that I am able to perform the primary functions of the position with or without a reasonable accommodation.

Signature of Person who completed application if other than applicant: _____

Date completed: _____

Signature of Applicant _____ Date: _____



APPLICANT DATA RECORD

PLEASE PRINT

Name: _____ Phone: (_____) _____

Address: _____
State _____ Zip Code _____ Street _____ City _____

Position(s) Applied for: _____ Date: _____

Referral Source: _____Advertisement _____Friend _____Relative _____Walk-In
_____One Stop Center _____Other: _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one: Male Female

Check if any apply: Vietnam Era Veteran Disabled Veteran Disabled Individual

Check the following Race/Ethnic Group(s) that you identify yourself with:

American Indian or Alaska Native—A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino)—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino)—A person having origins in any of the black racial groups of Africa.

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino)—All persons who identify with more than one of the above five races.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Please fill out the Applicant Data Record form to help us comply with government record keeping, reporting, and other legal requirements. Refusal to provide this information will not subject you to adverse treatment. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.