



Boggio's Orchard and Produce  
12087 IL Highway 71  
Granville, IL 61326  
815-339-2245

### APPLICATION FOR EMPLOYMENT

**PLEASE PRINT THE FOLLOWING:**

DATE: \_\_\_/\_\_\_/\_\_\_

SOCIAL SECURITY NUMBER:

WORK DESIRED:

DESIRED STARTING SALARY:

\_\_\_-\_\_\_-\_\_\_

\_\_\_\_\_

\$\_\_\_/HR

NAME:

\_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REFERENCES:

Name	Address	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER BEEN EMPLOYED BY BOGGIO'S ORCHARD AND PRODUCE?

\_\_\_ NO \_\_\_ YES / WHEN? \_\_\_\_\_

IF EMPLOYED, WILL YOU BE ABLE TO PROVIDE LEGAL PROOF OF YOUR ELIGIBILITY TO WORK IN THE UNITED STATES? \_\_\_ NO \_\_\_ YES

ARE YOU 18 YEARS OF AGE? \_\_\_ NO \_\_\_ YES

MEDICAL HISTORY: STATE OR FEDERAL LAWS PROHIBIT DISCRIMINATION ON THE BASIS OF A PHYSICAL OR MENTAL DISABILITY WHICH DOES NOT PREVENT YOU FROM SUBSTANTIALLY PERFORMING YOUR JOB. YOU MAY BE REQUESTED TO DEMONSTRATE HOW YOU WILL BE ABLE TO PERFORM THE SPECIFIC JOB RELATED FUNCTIONS FOR THE POSITION THAT YOU SEEK.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_ NO \_\_\_ YES - A  
 CONVICTION WILL NOT NECESSARILY PREVENT EMPLOYMENT. PLEASE LIST DISPOSITION OF EACH CONVICTION: \_\_\_\_\_

EDUCATIONAL BACKGROUND

SCHOOL	CITY/STATE	GRADUATED	MAJOR/DEGREE
HIGH SCHOOL		YES/NO	
COLLEGE		YES/NO	
POST GRADUATE		YES/NO	
BUSINESS/TRADE		YES/NO	

DO YOU HAVE A VALID DRIVER'S LICENSE?: NO / YES / WHAT STATE? \_\_\_ CLASS: A B C D

EMPLOYMENT HISTORY - Please begin with most recent

JOB 1		
Employer/Company:	Phone:	
Address:		
Position:	Name of Supervisor:	
Employed from:	to:	Wage:
Reason for leaving:		
JOB 2		
Employer/Company:	Phone:	
Address:		
Position:	Name of Supervisor:	
Employed from:	to:	Wage:
Reason for leaving:		
JOB 3		
Employer/Company:	Phone:	
Address:		
Position:	Name of Supervisor:	

Employed from:	to:	Wage:
Reason for leaving:		
JOB 4		
Employer/Company:	Phone:	
Address:		
Position:	Name of Supervisor:	
Employed from:	to:	Wage:
Reason for leaving:		

ADDITIONAL INFORMATION/SKILLS TO NOTE: \_\_\_\_\_

\_\_\_\_\_

I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to discharge at any time. In the event that I am employed by Boggio's Orchard and Produce, I agree to comply with all of its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE