1122 Osborn Avenue Riverhead, NY 11901



Telephone: (631) 727-3100 Fax: (631) 727-8754

AGWAY

EMPLOYMENT APPLICATION (non-driver)

Talmage Farm Agway is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out <u>all</u> of the sections below: [PLEASE PRINT] Date of application: **Applicant Information:** Applicant Name: Best Method to Contact You: O Mail **O** Telephone Mailing Address: City, State, Zip: ______ _____ O Email O Text Telephone: () If text: Cellphone carrier is: Email: **Employment Position(s):** • Warehouse Worker • Sales Associate **O** Nursery Looking for: O Full Time O Part Time — Seasonal O Part Time - Seasonal What days are you available for work? O Sun O Mon O Tues O Wed OThurs O Fri O Sat On what date can you start working if you are hired? _____ Do you have reliable transportation to and from work? • O Yes O No Salary desired: How did you hear about this position? **Personal Information** O No Have you ever applied to or worked for TFA before? • Yes If yes, When? Do you have any friends, relatives, or acquaintances working for TFA? • O Yes O No If yes, state name & relationship: _____ Are you 18 years of age or older? O Yes O No Are you a U.S. citizen or approved to work in the United States? O Yes O No

Will you consent to a mandatory controlled substance test?	O Yes	O No	
Have you ever been convicted of a criminal offense (felony o	r misdemeanor)?	O Yes	O No
If yes, please state the nature of the crime(s), when and whe	re convicted and dis	sposition of the	e case:
(Note: No applicant will be denied employment solely on the the offense, the nature of the offense, including any significa surrounding circumstances and the relevance of the offense	nt details that affec	t the description	on of the event, and the
Job Skills/Qualifications			
Please list below the skills and qualifications you possess for	the position(s) for w	vhich you are a	pplying:
(Note: Talmage Farm Agway complies with the ADA and cons	siders reasonable ac	commodation	measures that may be
necessary for eligible applicants/employees to perform esser			
Education & Training			
What is you highest level of education? • High school/GED	OCollege/Unive	ersity # years_	
Vocational School/Specialized Training:			
<u>Military</u>			
Are you a member of the Armed Services?	es O No		
What branch of the military did you enlist?			<u> </u>
What was your military rank when discharged?			
How many years did you serve in the military?			_
What military skills do you possess that would be an asset fo	r this position?		
Personal References			
Please provide 2 personal / professional reference(s) below			
Name	Contact Info		
Name	Contact Info		

Previous Employment

Employer Company Name	Supervisor Name					
Employer Address	Dates Employed					
Employer City, State, Zip	Employer telephone #					
Reason for leaving						
Employer Company Name	Supervisor Name					
Employer Address	Dates Employed					
Employer City, State, Zip	Employer telephone #					
Reason for leaving						
Employer Company Name	Supervisor Name					
Employer Address	Dates Employed					
Employer City, State, Zip	Employer telephone #					
Reason for leaving						
Additional Questions:						
Are you able to lift and carry 50+ lbs? • Yes	O No					
Are you proficient in English language (reading & speaking)? •• Yes •• No						

At-will Employment

The relationship between you and Talmage Farm Agway is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Talmage Farm Agway. No representative of Talmage Farm Agway has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that you employment is "at will", and that you acknowledge that no oral or written statements or representations regarding you employment can alter your at-will employment status, except for a written statement signed by you and either the Company's President or Chief Operations Officer.

Applicant Signature:	Date:
----------------------	-------

Application must be filled out completely and signed for consideration

Equal Opportunity Employer Drug Free Workplace

do not write below this line		do not write below this line				
Application Received on:	by					
Application Reviewed:	by					
Contacted for Interview on:	_by: O phone	O person	O mail	O email	O text	
Interview date & time:	_ by			_		
Recommendations:						_