



*Dutch Touch Growers Inc.*  
*& Great Lakes Hops*  
**APPLICATION FOR EMPLOYMENT**

*All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.*

**PERSONAL** (Please Print) Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City State Zip

Telephone No. \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you over 18 years of age?  Yes  No. If NO, a work permit will be required.

Are you legally eligible for employment in the United States?  Yes  No. (If hired, verification will be required by law).

Position(s) applied for \_\_\_\_\_ Full Time  Part Time

If part time, check days/hours available:  Mon. \_\_\_\_ to \_\_\_\_;  Tues. \_\_\_\_ to \_\_\_\_;  Wed. \_\_\_\_ to \_\_\_\_;  
 Thur. \_\_\_\_ to \_\_\_\_;  Fri. \_\_\_\_ to \_\_\_\_;  Sat. \_\_\_\_ to \_\_\_\_;  Sun. \_\_\_\_ to \_\_\_\_;

Date you are available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you worked for us before? \_\_\_\_\_. If YES, When? \_\_\_\_\_ Position: \_\_\_\_\_

Indicate special qualifications or skills: \_\_\_\_\_

EDUCATION NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE	MAJOR		
	DEGREE		
OTHER			

Are you employed at the present time?  Yes  No. If hired, will you work overtime if required?  Yes  No

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? \_\_\_\_\_ If YES, list convictions:  
*(A conviction does not necessarily disqualify an applicant for the position being applied for).*

**PRIOR EMPLOYMENT** (Start with most recent employer)

Employer:	phone:	From:	To:
Address:		City, State, Zip	
Duties:		Position:	
		Supervisors Name:	

	Starting Salary/Wages:
Reason for leaving:	Final Salary/Wages:
Employer: _____ Phone: _____	From: _____ To: _____
Address: _____ City, State, Zip _____	Position: _____
Duties: _____	Supervisor's Name: _____
	Starting Salary/Wages:
Reason for leaving:	Final Salary/Wages:
Employer: _____ Phone: _____	From: _____ To: _____
Address: _____ City, state, Zip _____	Position: _____
Duties: _____	Supervisor's Name: _____
	Starting Salary/Wages:
Reason for leaving:	Final Salary/Wages:

### MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

### PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

*The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.*

*I understand this application does not constitute an employment contract of any kind Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.*

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

<b>SUMMARY OF INTERVIEW:</b> _____	
_____	
_____	
Accepted for employment: <input type="checkbox"/> Yes <input type="checkbox"/> No. Position _____	
Starting Rate \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week	Scheduled to start work: _____/_____/_____
Interviewed by: _____	Date: _____/_____/_____
Approved by: _____	Date: _____/_____/_____