



# APPLICATION FOR EMPLOYMENT



5482 Ethan Allen Highway • P.O. Box 36 • New Haven, VT 05472  
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*Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.*

## SECTION 1: GENERAL INFORMATION

Position(s) applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_      Permission to run DMV report? Yes \_\_\_ No \_\_\_

How did you hear about Phoenix Feeds & Nutrition? \_\_\_\_\_

Are you legally authorized to work within the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What shifts are you available to work? First shift \_\_\_\_\_ Second shift \_\_\_\_\_ Any shift \_\_\_\_\_

Have you ever been employed by Phoenix Feeds & Nutrition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

## SECTION 2: EDUCATION

School Name, City, and State—high school: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Did you graduate?: Yes \_\_\_\_\_ No \_\_\_\_\_      Date of completed diploma: \_\_\_\_\_

School Name, City, and State—college: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Did you graduate: Yes \_\_\_\_\_ No \_\_\_\_\_      Date of completed degree: \_\_\_\_\_

**SECTION 3: PERSONAL EMPLOYMENT HISTORY**

*Please begin with current or most recent employer. Do not exclude any employment. Attach additional pages if necessary.*

Company Name & Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Company Name & Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 4: REFERENCES**

*Please list three professional/work references.*

Name	Telephone Number	Relationship/Occupation	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**—PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING—**

I hereby certify that all information provided by me in this application (or any other accompanying document) is correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any information in said documents will be cause for denial of employment or immediate termination of employment, regardless of timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Phoenix Feeds & Nutrition, that such employment with Phoenix Feeds & Nutrition is "At Will", for no specified duration and may be terminated by either Phoenix Feeds & Nutrition or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of Phoenix Feeds & Nutrition or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Phoenix Feeds & Nutrition, if employed, I agree to conform to the rules, regulations, policies, and procedures of Phoenix Feeds & Nutrition at all times and understand that such obedience is a condition of employment.

I hereby authorize any and all schools, former employers, references, and any others who have information about me to provide such information to Phoenix Feeds & Nutrition and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**By signing below, I acknowledge that I have read, understood, and agree to the above statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application is good for one year only. Consideration for employment after one year requires a new application.*