

FORTVILLE FEEDERS, INC.

750 E. Broadway St.
Fortville, IN 46040

Phone: 317-485-5195
Fax: 317-485-6182

Job Application

Please complete this application in its entirety; front and back.

Personal Information

| | | | | | | |
|---|--|--|----|--|------------|--|
| Last | | First | MI | E-mail | | |
| Street Address | | City | ST | Zip | Home Phone | Cell Phone |
| Are you entitled to work in the United States? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you 18 or older? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, Date of Birth | | |
| Military Service? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a veteran? | | War |
| What position are you applying for? | | Branch | | Ever been employed with Fortville Feeders before? | | |
| Expected Hourly Rate | | Currently Employed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | Date Available | | |

Prior Work Experience

| | Current or Most Recent | Prior | Prior |
|------------------------------|--|--|--|
| Employer | | | |
| Address | | | |
| City, ST, ZIP | | | |
| Telephone | | | |
| Name of Immediate Supervisor | | | |
| Dates of Employment | From To | From To | From To |
| Position/Job Title | | | |
| Pay | | | |
| Reason for Leaving | | | |
| May We Contact | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Education

| Name/Location | Last Year Complete | Degree | Major or Emphasis |
|--|--------------------|--------|-------------------|
| High School | 9 10 11 12 | | |
| College/University | 1 2 3 4 | | |
| Trade School | | | |
| Other | | | |
| List any applicable special skills, training or proficiencies. | | | |

Work References

| | Name | Business | Telephone | Year Acquainted |
|---|------|----------|-----------|-----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

| | | |
|--|-----------|------|
| Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. | Signature | Date |
|--|-----------|------|

Deliver this form to:
FORTVILLE FEEDERS, INC.
Attn: JASON CROUSE
750 E. Broadway St
Fortville, IN 46040