

THE ROCK RANCH, LLC  
APPLICATION FOR EMPLOYMENT



GROWING • HEALTHY • FAMILIES

Date \_\_\_\_\_

Are you 16 or older? \_\_\_\_\_

**Please tell us about yourself:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Work

Email: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_  
Name Number Relationship

Do you have a reliable means of transportation to and from work? \_\_\_\_\_

Are you eligible to work in the United States? (proof of eligibility required upon employment) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

**Availability:** If this employment opportunity is for or overlaps our Fall Family Fun Days season, you may be required to be available every Saturday.

**Education:**

High School Last Attended City, State Highest Grade Completed Did you graduate?

College and Vocational Schools City, State Year Did you graduate?

Previous Employment: List present or most recent employment first.

From To Name & Address of Employer Phone Reason for leaving

Have you ever been forced to leave a job? Yes No

If yes, please explain.

May we contact your present/past employer? Yes No

**Help us understand your experience and abilities (\*with or without reasonable accommodations):**

- |  |     |    |
|--|-----|----|
| 1. Do you possess a valid driver's license?                    | Yes | No |
| 2. Do you possess a valid CDL?                                 | Yes | No |
| 3. Can you drive a straight shift vehicle?*                    | Yes | No |
| 4. Are you able to operate a tractor?*                         | Yes | No |
| 5. Are you able to use a weed eater?*                          | Yes | No |
| 6. What farm machinery have you used and are able to operate?* |     |    |
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- |   |     |    |
|---|-----|----|
| 7. Are you available to work weekends and evenings? | Yes | No |
| 8. Do you use tobacco products?                     | Yes | No |

**Personal Background:** Tell us about your interests, hobbies, awards, leadership positions, etc.

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**References:** Please list 3 references other than family members who would be willing to tell us about your work ethic and character.

Name	Phone Number	Relationship
1. _____		
2. _____		
3. _____		

I certify that the foregoing answers on this application are true, accurate, and correct to the best of my knowledge and understand that any false information, incomplete, or deceptive response, misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. I authorize all former employers and other persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant, and I release all employers or other persons supplying or requesting such information from any and all liability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Rock Ranch, LLC is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, military status, or any other factor prohibited by applicable law.