

Fruit Growers Laboratory, Inc. dba FGL Environmental Environmental & Agronomic Analytical Chemists

www.fglinc.com

EMPLOYMENT APPLICATION

Please Print Date_			
Name			
Last	First	Middle	
Mobile Telephone ()	Home Telephone ()		
Present AddressStreet	City		 Zip
Permanent Address (if different from a	•	State	Zip
Street	City	State	Zip
Employment Desired			
Position applying for:			
Location: [] Santa Paula, CA [] S	tockton, CA [] Chico, CA [] San	Luis Obispo, CA [] Visalia, CA
Are you applying for:			
Regular full-time work?		Yes	No
Regular part-time work?Yes			No
Temporary work, e.g., summer or holiday work?Yes			No
What days and hours are you available	for work?		
If applying for temporary work, during	what period of time will you be availab	ole?	
Are you available for work on weekend	ls?	Yes _	No
Would you be available to work overtime, if necessary? Yes No			No
If hired, on what date can you start w	vork?		
Salary desired:			

An Equal Opportunity Employer

Personal Information

Have you ever applied to or worked for FGL Environmental, Inc. before?	Yes	_ No
If yes, when?		
Do you have any friends or relatives working for FGL Environmental, Inc.?	. Yes	No
If yes, state name and relationship to each		
Why are you applying for work at FGL Environmental, Inc.?		
If hired, would you have a reliable means of transportation to and from work?		
Are you at least 18 years old?	. Yes	_ No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	Yes	No
After reading and reviewing the job description, are you able to perform the essential functions of the job for which you are applying?	Yes	No
If no, describe the function that cannot be performed		
(Note: We comply with the ADA and consider reasonable accommodation measures that my b applicants/employees to perform essential functions. Hire may be subject to passing a medical skill and agility tests.)	e necessar	ry for eligibl
Have you ever been convicted of a criminal offense, (felony or serious misdemeanor)? (Convirelated offenses that are more than two years old need not be listed.)		
If yes, state nature of the crime(s), when and where convicted and disposition of the case		
(Note: No applicant will be denied employment solely on the grounds of conviction of a crimin of the offense, the date of the offense, the surrounding circumstances and the relevance of the oposition(s) applied for may, however, be considered.)	nal offense	e. The natur
Are you currently employed?	Yes	No
If so, may we contact your current employer?	Yes	No

Education, Training and Experience

School	Name & Address		Completed	Graduate?	Degree or Diploma
High School				Yes No	
College / University				Yes No	
Vocational / Business				Yes No	
	mers (clients) do not speak E				Yes No
If yes, which lang	uage(s)				
work at FGL Envi	other experience, training, quaronmental, Inc.? If so, please	explain:			
Account for all per	ent and past employment star riods of unemployment. You	must complete th	is section eve	en if attaching a r	
	er				
St	reet	City		State	Zip
Telephone Numbe	r ()	Your Supe	rvisor's Name	e	
Salary: () wee	kly () bi-weekly () monthly	() semi-monthly	(please choos	se one)	
Starting salary:		Ending salary _			
Your Position & D	Outies				
Dates of Employm	nent: From		То		
Reason(s) for Leav	ving:				

Name of Employer			
Address			
Street Type of Business	City	State	Zip
Telephone Number ()			
Salary: () weekly () bi-weekly () monthly	() semi-monthly (plea	ase choose one)	
Starting salary:	Ending salary		
Your Position & Duties			
Dates of Employment: From	To		
Name of EmployerAddressStreet			7:
Type of Business	City	State	Zip
Telephone Number ()	Your Superv	isor's Name	
Salary: () weekly () bi-weekly () monthly Starting salary:			
Your Position & Duties			
Dates of Employment: From		0	

Note: Attach additional page(s) if necessary, or write on the back of these pages.

Military Service			
Have you obtained any special skills o	r abilities as a result of service in	the military?	Yes No
If so, please describe:			
References			
Terefore Consection			
List below three persons, not related to	you, who have knowledge of yo	our work performance wit	hin the last three
years:			
Name			
Address	City	State	 Zip
Street	City	State	Zip
Occupation			
Telephone Number ()	Numbe	r of Years Acquainted	
`		1	
Name			
AddressStreet	City	State	Zip
Succi	City	State	Zip
Occupation			
Telephone Number ()	Number	r of Years Acquainted	
Telephone Italiaer ()		or rears requamted	
Name			
Tvanic			
Address			
Street	City	State	Zip
Occupation			
-			
Telephone Number ()	Number	r of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

 	ty and legal right to work in the United States.
 	n offered employment, I will be required to possess a current my job requires me to drive in the course of my work. (Refer g this employment application.)
 Employment shall be at will and for no of terminated, with or without cause, and w I further understand and acknowledge the	n offered a position, it will be offered on the condition that my lefinite period. I understand and agree that my employment may be ith or without notice, at the option of either the Company or myself. at the Company retains the right to demote, transfer, change job time with or without notice and without cause at it's sole discretion.
 omission of facts on this application or o	employed, that any false statement, misrepresentation, or on any supporting documents, regardless of when discovered immediate dismissal, regardless of the time elapsed before discovery.
 required to allow entrance onto job sites sites are essential to the performance of	request of the Company, I will submit to a drug testing as may be . I further understand that qualifications to enter onto customer job duties. I understand that failure to submit to drug testing and sult in the termination of my employment.
 application. I further agree, in the event resolved by informal internal resolution, whether during or after that employment arbitration shall be conducted under the	ration, all disputes and claims arising out of the submission of this that I am hired by the Company, that all disputes that cannot be which might arise out of my employment with the Company, will be submitted to binding arbitration. I agree that such rules of the American Arbitration Association. This application e parties with regard to dispute resolution, and there are no other er oral or written.
 granted, or during my employment, if hi	e application, or conveyed during any interview, which may be red, is intended to create an employment contract between me and resentations contrary to the foregoing are binding on the Company, and the Company's president.
authorize the Company to secure all infoinstitutions, government agencies, and/o	s contained in this application and any supporting documents. I brmation about my experience from former employers, educational r any references I have provided, and for those parties to provide I hereby release all parties from liability arising from such
Date	Applicant's Signature