

## JOB APPLICATION

Thank you for your interest in applying for a job at Lakeside Ranches, LLC dba Sodbuster Farms, Inc. All persons shall have the opportunity to be considered for employment without regard to their race, creed, color, religion, national origin or ancestry, citizenship, age, sex, non-job related handicap or disability, marital status, liability for service in the Armed Forces of the United States, or any other characteristic protected by applicable Federal, State or Local laws. This company will endeavor to make a reasonable accommodation to know physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation would impose an undue hardship on our business.

| Personal Information   |  |  |                   |  |  |
|--|--|--|-------------------|--|--|
| Name   |  |  |                   | Date   |  |
| Address  |  |  |                   |  |  |
| Telephone Number   |  |  |                   | Social Security Number   |  |
| Date of Birth  |  |  |                   | Can you provide proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| Are you authorized to work lawfully in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |                   |  |  |
| Have you worked for us before? <input type="checkbox"/> YES <input type="checkbox"/> NO                            |  |  | If Yes, give date |  |  |
| <b><i>If Applying for a Driving Position Please Provide the following information</i></b>                          |  |  |                   |  |  |
| Driver's License #   |  |  | Expiration Date   | Place of Issue   |  |
| <b>Job Information</b>   |  |  |                   |  |  |
| Date Available   |  |  |                   |  |  |
| Desired Position   |  |  |                   |  |  |
| Desired Shift? <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> ANY            |  |  |                   |  |  |

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

Name (please print) \_\_\_\_\_

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

| Office Use Only:  |  |            |  |
|---|--|------------|--|
| Approved <input type="checkbox"/> YES <input type="checkbox"/> NO |  |            |  |
| Position Assigned   |  | Start Date |  |
| Approved by   |  |            |  |