



**APPLICATION FOR EMPLOYMENT  
SAFETY SENSITIVE POSITION**

Hickman's is an equal opportunity employer in compliance with State and Federal employment laws.

Hickman's is a drug free workplace. All employees are subject to random screening. I agree to be randomly screened for drugs.

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

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

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States: (Circle) Yes No

If you are under 18, please state your age: \_\_\_\_\_ Do you own any birds? (Circle) Yes No

Emergency contact: \_\_\_\_\_

(Name)

(Phone)

(Relationship)

Have you worked for this company before? (Circle) Yes No When? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are any of your relatives currently employed with the company? Yes \_\_\_ No \_\_\_ If yes, Name: \_\_\_\_\_

Position applied for? \_\_\_\_\_ Rate of pay desired? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

If not, how long since last employed? \_\_\_\_\_ Do you speak fluent English? \_\_\_\_\_

Are you willing to take a pre-employment drug screening? \_\_\_\_\_ Can you pass? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Why do you want to work for Hickman's? \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony? (Circle) Yes No

A "yes" answer will not automatically disqualify the applicant from employment.

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

**Incomplete applications will be rejected.**

**Se rechazarán las aplicaciones incompletas.**

(Please complete reverse side)

**Safety Sensitive Position**

You are applying for a position with Hickman's Family Farms that is designated as a Safety Sensitive Position pursuant to A.R.S. §23-493 et seq. You are ineligible for placement in a Safety Sensitive Position if you are engaged in the current use of any drug, whether legal, prescribed by a physician or otherwise, if it could cause an impairment or otherwise decrease or lessen your job performance or ability to perform your job duties.

Do you understand that you are applying to work in a Safety Sensitive Position? Yes \_\_\_ No \_\_\_

**Consistent** attendance and punctuality are essential requirements of every job with this company. Please acknowledge your understanding regarding Hickman's regular attendance and punctuality policy by initialing here \_\_\_\_\_.

Are you willing to work any shift? \_\_\_\_\_ Are you willing to work weekends? \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Last three jobs held**

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_ (City)  
(State) (Zip)

**From:** \_\_\_\_ **To:** \_\_\_\_ **Position:** \_\_\_\_\_ **Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_ (City)  
(State) (Zip)

**From:** \_\_\_\_ **To:** \_\_\_\_ **Position:** \_\_\_\_\_ **Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_ (City)  
(State) (Zip)

**From:** \_\_\_\_ **To:** \_\_\_\_ **Position:** \_\_\_\_\_ **Salary:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Other experience, skills or qualifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all the information provided by me is true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

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

**Printed Name:** \_\_\_\_\_  
Rev-8/15



Answering the following questions is voluntary and to be used only for keeping statistical records. Hickman's is an equal opportunity, affirmative action employer and the following information will help us track our performance as such:

Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnic Group: White \_\_\_\_ Black/ African American \_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_ Asian \_\_\_\_

American Indian/ Alaskan Native \_\_\_\_ Hispanic \_\_\_\_ Two or more races \_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a Vietnam Era veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Special Disabled Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Printed Name: \_\_\_\_\_