



Larriland Farm

Just print, complete, and mail this application to:

(Do not e-mail this application as signatures are required.)

Larriland Farm: Employment Application

2415 Woodbine Road

Woodbine, MD 21797

Phone: 410-489-7034

APPLICATION FOR EMPLOYMENT AT LARRILAND FARM

1. Today's date: _____

2. Name: _____

3. Address _____
Street City, State Zipcode

4. Telephone number: HOME (____) _____ WORK (____) _____

CELL (____) _____ E-MAIL: _____

5. How did you hear about Larriland Farm? _____

6. Work desired:

a. List the position for which you are applying: _____

b. Minimum hourly wage required: _____

c. Date available for work: _____

7. Are you a licensed driver with current Driver's License? YES _____ No _____.

8. Qualifications: Describe your previous work experience, knowledge, and skills that you feel qualify you for this work: _____

9. Do you have any physical limitations that would hinder or limit your capacity to perform farm work?

YES _____ NO _____

If yes, please describe: _____

10. Education:

Name of School Course Degree, Certificate
or Diploma earned

11. During the last seven years, have you been convicted of a misdemeanor or of a felony or convicted in a military court martial? YES _____ NO _____



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If yes, state the dates and circumstances involved: _____

12. Employment History: List your last three employers below:

Employer's name, address
and telephone

Employed
From – To

Describe your duties: _____

Reasons for leaving: _____

13. Personal References: List 3 references (other than immediate family members) with addresses and telephone numbers.

14. In case of emergency, notify:

Name (relationship to you) _____

Address _____

Telephone: Work: _____

Home: _____

Cellular Phone: _____

READ AND SIGN BELOW

The facts set forth in the Application for Employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. The Company is hereby authorized to make any investigation of my personal history, employment references or history, and/or credit record through an investigative or credit agency or bureau of your choice. I further agree that, if hired, my employment is for a definite duration and either the Company or I may terminate our relationship at will, without notice, and with or without reason. Moreover, I understand that only the President of the Company may enter into any agreement concerning the length of my employment.

Signature

Date

READ AND SIGN BELOW

UNDER MARYLAND LAW, AN EMPLOYER MAY OR MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TO TAKE A



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POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

Signature Date

PAYROLL DEDUCTION AUTHORIZATION

I, _____, AUTHORIZE MY EMPLOYER, LARRILAND FARM, INC., HEREINAFTER REFERRED TO AS THE COMPANY, TO DEDUCT FROM MY NET PAY, AFTER ALL OTHER LAWFUL DEDUCTIONS HAVE BEEN MADE: (1) THE MONETARY AMOUNT(S) OF ANY SHORTAGE(S) OF COMPANY MONIES ASSOCIATED WITH MY EMPLOYMENT POSITION, AND/OR (2) THE MONETARY AMOUNT(S) OF ANY TRAFFIC AND/OR PARKING FINES ASSESSED AGAINST THE COMPANY WITH RESPECT TO ANY COMPANY VEHICLE IN MY POSSESSION, AND/OR (3) THE MONETARY AMOUNT(S) OF DAMAGES TO A COMPANY VEHICLE CAUSED BY AN ACCIDENT(S) FOR WHICH I AM FOUND TO BE AT FAULT. THESE DEDUCTIONS MAY BE TAKEN OUT OF MY WEEKLY PAYCHECKS FROM THE COMPANY OR OUT OF MY FINAL PAYCHECK FROM THE COMPANY, AS APPLICABLE.

Employee Signature Date

Witness Signature Date

Please do not e-mail this application as signatures are required.