### **Instructions For Sending The Mid Valley Ag Application**

#### **Detailed Instructions**

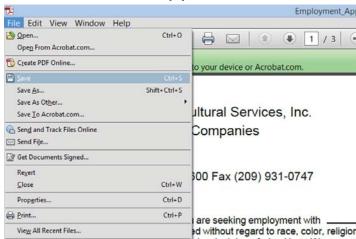
Once you have downloaded the Mid Valley Ag or Bg Agrisales and Service Application from either site. Open it in Acrobat Reader and fill it out.

Before for you send it. \*\* MAKE SURE YOU SAVE YOUR FILLED OUT APPLICATION \*\* before you send it as an email attatchment.

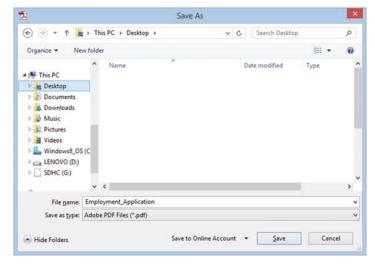
Save the file to any location you want.. Desktop, Documents, or wherever you can locate it for later. You may get a pop up asking you to save over the original file you just downloaded. Click yes and save it.

If you have closed the file, open it. If it's already open go to File, Send File and your default email application will open and the application will be placed in it as an attatchement and ready to send.

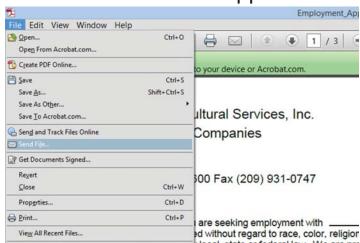
# Save Application



### Save To A Location



## **Once Saved Send Application**



Mid Valley Agricultural Services, Inc. And Associated Companies PO Box 593 Linden, CA 95236 Phone (209) 931-7600 Fax (209) 931-0747



# **Application for Employment**

Applicants are considerated and applicants are considerated and are considerated are considerated as a second and a second are considerated as a second are consi	/e are pleased that you are seeking employment withMid Valley Agricultural Services, Inc.  pplicants are considered without regard to race, color, religion, sex, age, sexual orientation or national origin, or ny factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.						
Personal Last Name:	Firs	t:	M.l.:	Email:			
Street Address, City,	, State, ZIP:						
Phone Numbers: [	Day:	Eve:		,			
In case of emergence Please list all names	ey, please notify: s you have used in th	e past:		Tel. #:			
-		mpany? Yes Da			_		
		Advertisement	_	_			
Have you ever applie	ed for employment a	t our Company? Yes	Date	No 🗌			
<b>Employment De</b>	esired						
Position:	Date Av	vailable:S	alary Desired: \$	per_			
Are you interested in	n Temporary ☐	Full-Time  Part	t-Time				
separate sheet if ned	cessary.  May we conta	with the most recent (  oct your current e  Address:	employer?	Yes□ No□			
Tel.:	Position:	From:	To:	Salary: \$	per:		
				•			
Employer Name:		Address:					
Tel.:	_Position:	From:	To:	Salary: \$	per:		
Reason for Leaving:							
		Address:					
		From:			per		
reason for Leaving.							
Employer Name:		Address:					
Tel.:	_Position:	From:	To:	Salary: \$	per:		
Reason for Leaving:							
Employer Name:		Address:					
		From:			per:		
Reason for Leaving:			· <del></del>		· ——		

<b>Skills</b> Licenses or Certifications	:							
	Word Processing? No	Yes Sof	ftware					
	s:	<del>_</del>						
Other Skills:								
	ential functions of this job, with ance requirements of this job?		asonable a	ccommoda	ation? Yes	□ No □		
☐ IF HIRED, I WILL PR	OVIDE PROOF OF MY LEGA	AL AUTHORI	ZATION TO	) WORK II	N THE UNITE	D STATES		
Driving Experience								
Driving Experience								
ACCIDENT RECORD FOR PAST 3 WRITE NONE	YEARS OR MORE (ATTACH SHEET	T IF MORE SPACE	E IS NEEDED	IF NONE,				
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC)		FATALITIES		INJURIES			
LAST ACCIDENT								
NEXT PREVIOUS								
NEXT PREVIOUS								
TRAFFIC CONVICTIONS AND FO WRITE NONE	REFEITURES FOR THE PAST 3 YEA	RS (OTHER THA	N PARKING	VIOLATIONS	S) IF NONE,			
LOCATION	DATE		CHARGE		PENALTY			
	1	DAT	EC					
Class of Equipment	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DAT FROM	APPRO		OX NO OF ILES			
STRAIGHT TRUCK								
TRACTOR AND SEMI-TRAILER								
TRACTOR-TWO TRAILERS								
MOROTCOACH-SCHOOL BUS								
OTHER								
References Name three (3) individuals preferably former supervise	s we may contact who have k sors:	nowledge of y	our perforn	nance and	work experier	nce,		
Name	Company:_			Title	)			
Company Address:		Phone #:						
Company Addiess.								
NameCompany:			Title					
Company Address:				Phone	#:			
Name	NameCompany:				Title			
Company Address:				Phone	#:			

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with our without prior notice, or with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative
I understand that in connection with my application for employment, the Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.
I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.
I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.
This application, when completed and signed, becomes the property of Company.
 t Signature Date

Click button to update or download adobe Acrobat Reader.