



TOWNSEND FARMS EMPLOYMENT APPLICATION FORM

23400 NE TOWNSEND WAY, FAIRVIEW, OR 97024 PHONE: 1.503.666.1780 – FAX: 1.503.618.8257

SECTION 1: PERSONAL INFORMATION

Name:		Date of Birth:
Social Security No:		Referred by:
Present Address:		
Permanent Address:		
Phone No:		Email Address:

SECTION 2: EMPLOYMENT DESIRED

Position Applied For:	Date You Can Start:	
Are You Employed Now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, may we inquire of your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when:	_____	

SECTION 3: EDUCATION HISTORY

HIGH SCHOOL

Name & Location	Years Attended	Diploma

COLLEGE

Name & Location	Years Attended	Degree

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

Name & Location	Years Attended	Degree



TOWNSEND FARMS EMPLOYMENT APPLICATION FORM

23400 NE TOWNSEND WAY, FAIRVIEW, OR 97024 PHONE: 1.503.666.1780 – FAX: 1.503.618.8257

SECTION 4: GENERAL INFORMATION

Subject of Special Study/Research Work:

Special Training:

Special Skills:

U.S. Military or Naval Service: Yes No

If yes, rank: _____

SECTION 5: WORK EXPERIENCE

NAME & ADDRESS	DATES EMPLOYED	POSITION	REASON FOR LEAVING

SECTION 6: REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SECTION 7: ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

APPLICANT STATEMENT

- An acknowledgment of the truthfulness of the information provided.
- Consent for the employer to conduct background checks.
- Understanding of employment at-will, if applicable.

Signature of Applicant

Date