

BAR W RANCH, U.S. HWY 23 SOUTH
 OLIN WOOTEN FARMS
 340 MCEACHIN LANDING ROAD
 HAZLEHURST, GA 31539
 912-375-3366 OR 912-375-6016

Date _____ 20____

Personal	Name		Social Security Number		
	First	Middle	Last		
	Present Address				
	Street		City	State	Telephone
	Notify in Case of Emergency		Name		Relationship
	Any Physical Defects or Limitations If Yes, Explain Fully		Address		Telephone
			Yes ()		No ()
Job Interest	Check all that Apply				
	Single ()		Married ()		
	Divorced ()		Separated ()		
	Widowed ()		Own Your Home ()		
	Buying Home ()		Rent ()		
	Other ()		Hgt _____ Wgt _____		
	Age: _____ Birth Date _____				
Education	For What Position are you Applying _____				
	Who Referred You to us Concerning Employment? _____				
	Are you related to anyone now employed by this company _____ If yes, Give Name and Relationship _____				
	Circle Highest Grade Completed in Each Category		Grade School		
			High School		
			College		
Last to First Employment History	Please be as accurate as possible, all employment history will be checked				
	Name of Employer		Address		
	Job		Supervisor		
	Reason For Termination		Start Date		
			End Date		
			Start Wage		
			End Wage		
Last to First Employment History	Name of Employer		Address		
	Job		Supervisor		
	Reason For Termination		Start Date		
			End Date		
			Start Wage		
			End Wage		
			Reason For Termination		

Employment History Continued	Name of Employer	Address		Start Date	Leave Date
	Job	Supervisor		Start Wage	End Wage
	Reason For Termination				
	Name of Employer	Address		Start Date	Leave Date
	Job	Supervisor		Start Wage	End Wage
	Reason For Termination				
Military	Ever Served in the Armed Forces? Branch?	Entry Date	Discharge Date	Type Discharge	Rank
	Service School or Special Training?				
	Selective Service Classification		Reserve or National Guard Status		
References	List Six - References who are not Related to you or your Previous Employers				
	Name	Address	Telephone	Occupation	Years Known

I agree that my employment with the Company shall be probationary for a period of two continuous months from the date of employment, and during this period I may be discharged with or without cause, if the Company feels it would be to the best interest of all concerned.

If employed I agree to accept the present and future Company Policies, Rules, and Regulations including transfer of work assignment from one job to another when directed by the Company.

I certify that the statements I have made in this application are true and I authorize Olin Wooten Farms to investigate the accuracy and completeness of this information.

It is understood that as prerequisite to consideration for employment by Olin Wooten Farms, I agree to submit to such examinations, physical or other as may be required by the Company.

In the event of my employment by Olin Wooten Farms, I expressly understand any false or misleading statements made by me in this application or in connection with my physical examination will be sufficient grounds for immediate dismissal from employment.

I also understand that an offer or acceptance of employment does not constitute a contract binding for any specific duration upon the applicant or Olin Wooten Farms.

Signature _____ Date _____