



Employment Screening

(503) 864-4422 • PO Box 99, Lafayette, OR 97127

Name: _____

Phone number: _____

Email address: _____

How did you hear about us?

- Worksource Road Sign
- Capital Press Location _____
- Craigslist Indeed:
- Referral: _____
- Other: _____

Interested in:

Year-round employment
 Full time Part-Time

Seasonal harvest employment
 Full time Part-Time

1. Are you currently employed? YES NO
 If no, why did you leave previous employment?

How many hours per week are you available to work? What is your desired compensation rate?

2. Do you have a current, valid Oregon drivers license? Yes No CDL: Yes No

3. Have you worked on a farm before? YES NO If yes, how many years? _____
 What were your daily duties and what type of equipment/machinery have you operated?

4. Have you had opportunities to oversee other employees? YES NO
 If yes, did you enjoy that experience? YES NO

5. How would your previous employers describe you as an employee?

6. How often do you use the following technology to complete job duties more efficiently?

	Daily	Weekly	Monthly	Never
Google Earth:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet for Research:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text messaging/email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft office:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are you fluent in Spanish? YES NO

Creekside Valley Farms provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability or genetics. In addition to federal law requirements, Creekside Valley Farms complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.



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Skills Evaluation

Please answer all questions as thoroughly and accurately as possible, regardless of the position you are applying for. If you are unsure of an answer or do not know the information requested, please enter "I do not know" in the response field rather than leaving it blank.

8. You are harvesting a 120-acre field of perennial fescue grass seed. You harvested 20,160 pounds of seed. What was your yield per acre?

9. If you have a 10 acre field, a 150 acre field and a 250 acre field, and need to put 5 scarecrows per acre to scare geese, how many total scarecrows would you need?

10. You are given fertilizer that has an analysis of 40.4-0-0-5.2. You are told to apply 115 pounds of nitrogen and 15 pounds of sulfur. What rate per acre of the material will you be applying?

11. You were told to go spray Roundup. The Application rate is 2 quarts per acre. You are to include Inferno, a spray adjuvant, at the rate of 1 quart per hundred gallons. Your spray tank is a 600 gallon tank and you apply the mixed solution at 10 gallons per acre.
 - a. How many acres will you be able to cover with a full, 600 gallon tank while applying 10 gallons per acre?

 - b. How much Roundup and Inferno will you put into the spray tank to make the proper mixture?



Employment Application

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Name: _____

Address: _____

Contact Phone Number(s): _____

Email: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Are you a Military Veteran? Yes No

Discharge Date: _____

Are you over 18 years old? Yes No

If no, are you over 16 years old? Yes No

If under 18, do you have a tractor safety certificate? Yes No

Education

	NAME	LOCATION	GPA	DID YOU GRADUATE?
High School:				
College:				

Work History

DATES	EMPLOYER/COMPANY	JOB TITLE/POSITION	REASON FOR LEAVING

References

	NAME	COMPANY	RELATIONSHIP	PHONE
Professional:				
Personal:				

Signature: _____ Date: _____

*Under penalties of perjury I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____