



## APPLICATION INSTRUCTIONS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

1. The purpose of the application form is to provide you with the opportunity to demonstrate your skills, experience, abilities and other personal attributes that meet the qualification requirements for the job position that is available. It will be to your best interest to take your time and list the qualifications you believe you have, **in addition to what has been listed on your resume.**
2. Any individual who needs accommodations or assistance in making application for employment at any time during the application process should inform the HR Manager, so that such accommodations can be made.
3. All inquiries on the application must be completed and the information you provide must be accurate and truthful. If an inquiry is left blank, your application will be rejected. If you feel the question or information sought is not applicable, put N/A for a response. Any false or inaccurate information will result in the rejection of the application or will result in termination of employment if the false or inaccurate information is discovered after the date of hire.
4. Ostrom has a strong commitment to programs that promote safety in the workplace, employee health, and well-being. Ostrom believes that prohibiting the use or influence of alcohol, illegal drugs, and controlled substances in the workplace will improve the safety, health, and productivity of our employees. **Therefore, Ostrom has adopted a policy of pre-employment drug testing, reasonable suspicion drug and/or alcohol testing and post-accident drug and/or alcohol testing.**
5. **Pre-employment Drug Testing** - All job offers, including offers for full-time, part-time and temporary employment, will be contingent on satisfactory passing a drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for 90 days after a positive test result.
6. In accordance with Section 274A of the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, will be required to provide proof of eligibility to work in the United States (form I-9).

---

I understand that my application will only be considered active for 12 months from the date signed below. I hereby acknowledge that I understand these instructions and will abide by them.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*





# OSTROM

mushroom farms

1111 Midvale Rd. Sunnyside, WA 98944

Tel # (509) 707-8761 [hr@ostromfarms.com](mailto:hr@ostromfarms.com)

## Employment Application

Ostrom is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ Referred by: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you 18 years or older? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ostrom Mushroom Farms to verify their accuracy and to obtain reference information on my work performance. I hereby release Ostrom Mushroom Farms from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_