



Carolina Eastern-Crocker, LLC

8610 Route 237, Stafford NY 14143

**COMMERCIAL APPLICATOR**

In compliance with Federal and State Employment Opportunity laws, qualified applicants are considered for all positions, promotions, training and other job related conditions without regard to race, color, religion, sex, national origin, age, marital status, disability, veteran status, or job-related conviction record.

Date of Application: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Number of Years at this Address? \_\_\_\_\_

Addresses for last three years (if different from above): \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Class: \_\_\_\_\_ ST: \_\_\_\_\_

BEST email address to contact you: \_\_\_\_\_

**ACCIDENT RECORD FOR THE PAST 3 YEARS**  Check here if none

	DATE	NATURE OF ACCIDENT	INJURIES/FATALITIES
Last Accident:			
Next Previous:			
Next Previous:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS)

Check here if none

	LOCATION	DATE	CHARGE	PENALTY
Most Recent:				
Next Previous:				
Next Previous:				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Commercial, Private, or Technician Applicator's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which? \_\_\_\_\_ ID Number: \_\_\_\_\_ CCA License? \_\_\_\_\_



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Are you legally employable in the US?

Are you currently employed? If not, how long since your last employment?

How did you hear about this position?

Do you have your own transportation for work? (you do not share a vehicle or depend on anyone else for transportation)

Rate of pay expected?

Date when you could start?

**EMPLOYMENT HISTORY: (begin with the most recent)**

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ___ No ___	Job Title:
Job Description and Duties:	
Reason For Leaving:	

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ___ No ___	Job Title:
Job Description and Duties:	
Reason For Leaving:	

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**EMPLOYMENT HISTORY: (continued)**

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

Company Name:	City/ST/Zip:
Dates of Employment From:	To:
Supervisor:	Phone:
May we contact? Yes ____ No ____	Job Title:
Job Description and Duties:	
Reason For Leaving:	

**EDUCATION:**

School Address	Dates Attended	Major	Diploma/Degree
High School/GED:			
College:			
College:			
Technical/Other:			



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Do you have any experience applying crop products? Explain:

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How long have you had an application license?

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What is your agriculture experience or background?

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What skills or experiences make you a desirable candidate for this position?

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What is your computer experience and what software have you utilized?

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Any additional skills, qualifications or achievements you would like us to consider?

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**PERSONAL/PROFESSIONAL REFERENCES:**

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

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**PERSONAL/PROFESSIONAL REFERENCES (CONTINUED):**

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

Name:	Phone:
Company:	Relationship:
Address:	City/ST/Zip:
Number of Years Known:	

I authorize Carolina Eastern-Crocker, LLC to make an investigation and inquiries of my references, employment, medical history, and employment related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries relating to my application. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_