



Peri & Sons Farms, Inc.  
 Peri & Sons Farms of California, LLC  
 David Peri Family Farms LLC  
 Prime West Construction LLC  
 Nevada Fresh Pak LLC

\* "Company" refers to all of the above referenced entities.

## Employment Application

Today's Date: \_\_\_\_\_

*This company\* provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.*

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Position Applied For:**

- Office     
  Shipping     
  Truck Driver     
  Forklift Driver     
  Maintenance Mechanic  
 Grading/Sorting     
  Packer/Stacker     
  Field Laborer     
  Machine Operator     
  Tractor Driver

Annual Salary or Hourly Rate Desired: \_\_\_\_\_

**Please Circle your answer to the following questions:**

- Are you 18 years of age or older? ..... **Yes No**
- Are you able to perform the essential functions of the job for which you are applying? ..... **Yes No**
- If offered a position, can you provide proof that you are legally eligible for employment in the U.S.? ... **Yes No**
- Have you worked for this employer in the past? ..... **Yes No**

If yes, when? \_\_\_\_\_

If yes, please provide your employee ID#: \_\_\_\_\_



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**Education:**

Did you graduate High School with a diploma or GED? ..... **Yes No**  
 If yes, what is the name of the school? \_\_\_\_\_

Did you attend a schooling after high school? ..... **Yes No**  
 If yes, did you graduate? ..... **Yes No**  
 If yes, what was your course of study? \_\_\_\_\_  
 If yes, what is the name of the school? \_\_\_\_\_

**Skills, Certificates and Licenses:**

Do you have any Certificates? ..... **Yes No**  
 If yes, name certificates? \_\_\_\_\_

Do you have Forklift Training/Certification? ..... **Yes No**  
 If yes, what type of forklift have you used \_\_\_\_\_  
 Do you have any other trainings?

Do you have a Commercial Driver's License (CDL)? ..... **Yes No**  
 If yes, from what state? \_\_\_\_\_  
 If yes, list all endorsements: \_\_\_\_\_

Do you have experience driving a vehicle equipped with air brakes? ..... **Yes No**

Do you have experience driving a vehicle with a 10 speed or bigger transmission? ..... **Yes No**

Do you speak, read, and write any other languages? ..... **Yes No**  
 If yes, name which ones: \_\_\_\_\_  
 If yes, circle proficiency: **Basic, Intermediate, Proficient**

What Computer Software programs are you familiar with? ..... **Yes No**  
 If yes, circle which ones: **Microsoft Word, Excel, Power Point, Outlook, Acrobat**

Please write any other Skills, or Programs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Employment History:** *(Please list below your last three employers, starting with the most recent or current one first)*

❖ Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employed from Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ May We Contact this Employer? ..... **Yes No**

❖ Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employed from Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ May We Contact this Employer? ..... **Yes No**

❖ Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employed from Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_ To Month/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ May We Contact this Employer? ..... **Yes No**



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**Military Service Record:**

Have you served in the U.S. Armed Forces? ..... **Yes** **No** Branch of Service \_\_\_\_\_

Indicate service school attended or special training received: \_\_\_\_\_

**Professional References that we are able to Contact: (Please do not list relatives)**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_  
Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_  
Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_

**Emergency Contacts:**

Full Name: \_\_\_\_\_ Phone 1: \_(\_\_\_\_) \_\_\_\_\_ Phone 2: \_(\_\_\_\_) \_\_\_\_\_  
Full Name: \_\_\_\_\_ Phone 1: \_(\_\_\_\_) \_\_\_\_\_ Phone 2: \_(\_\_\_\_) \_\_\_\_\_

**Certificate of Applicant:**

I HEREBY ATTEST that all statements made in this application are true and correct and that any misstatement of material facts will be grounds for disqualification from further consideration in the selection process and, if hired, grounds for discharge. I understand that this is a job application and does not constitute an offer or guarantee of employment.

I understand that if I am offered a position with the company\* I may be required to take a post-employment drug/alcohol screening, as a requirement of the position and condition of employment. I understand that a positive test result is a disqualification for further consideration for employment. I also understand that if I refuse to take the test, I will receive no further consideration for employment.

I understand that nothing on this application is intended to create or imply a contractual relationship; if hired, I understand that employment is at will, i.e., that it is not for any specific time period or duration and can be terminated with or without reason at any time. While employment policies or procedures may change from time to time, only a written agreement signed by the company's\* president can change the employee's at-will status.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

P.O. Box 35 • Yerington, NV 89447 • Main Office 775-463-4444 • Fax 775-463-4028 • www.PeriandSons.com