



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 Applicati | on: | | | | | |
|---|---------------|------------|----------|---------------|--------------|---------------------|
| Name: Last | | | First | | | Middle |
| Phone: Home (|) | | | | | Mobile () |
| Street Address: | | | | | City/ST/Zip: | |
| Number of Years | at this Addr | ess? | | | | |
| Addresses for last three years (if different from above): | | | | | | |
| Dates From: | | То: | | | | |
| Street Address: | City/ST/Zip: | | | | | |
| Dates From: | | | To | : | | |
| Street Address: | | | | | City/ST/Zip: | |
| Drivers License N | lumber: | | | | Class: | ST: |
| BEST email addre | ess to contac | ct you: | | | | |
| ACCIDENT RECORD FOR THE PAST 3 YEARS □ Check here if none | | | | | | |
| | DATE | NATURE O | | | | INJURIES/FATALITIES |
| Last Accident: | | | | | | |
| Next Previous: | | | | | | |
| Next Previous: | | | | | | |
| TRAFFIC CONVICT | TIONS AND I | ODEELTIIDI | C EAD TH | E DACT 2 VE | ADC | |
| (OTHER THAN PARKING | | OKILITOKI | _ | eck here if n | _ | |
| (0 | LOCATION | | DATE | CHARGE | | PENALTY |
| Most Recent: | | | | | | |
| Next Previous: | | | | | | |
| Next Previous: | | | | | | |
| | | | I | | | 1 |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No | | | | | | |
| Has any license, normit, or privilege over been suspended or revolved? Ves | | | | | | |
| 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?

Carolina Eastern-Crocker, LLC

CCA License?

8610 Route 237, Stafford NY 14143

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ID Number:

| Are you legally employable in the US? | |
|---|--|
| | not, how long since your last employment? |
| How did you hear about this position? | |
| Do you have your own transportation fo | r work? (you do not share a vehicle or depend on anyone else for transportation) |
| Rate of pay expected? | |
| Date when you could start? | |
| MADY OVERTIME MAGESTAN A CONTRACTOR AND | |
| MPLOYMENT HISTORY: (begin with the | e most recent) |
| Company Name: | City/ST/Zip: |
| Dates of Employment | |
| From: | То: |
| 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: | То: |
| Supervisor: | Phone: |
| May we contact? Yes No | Job Title: |
| Job Description and Duties: | |

Continued on the next page \rightarrow

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 Dutie | es: | | | |
| | | | | |
| Reason For Leaving: | | | | |
| Company Name: | | City/ST/7in | | |
| Company Name: Dates of Employment | | City/ST/Zip: | | |
| From: | | To: | | |
| 110 | | 10. | | |
| Supervisor: | | Phone: | | |
| May we contact? Yes | No | Job Title: | | |
| Job Description and Dutie | 25: | | | |
| | | | | |
| | | | | |
| Reason For Leaving: | | | | |
| EDUCATION: | | | | |
| School Address | Dates Attended | Major | Diploma/Degree | |
| High School/GED: | | | | |
| College: | | | | |
| College: | | | | |
| Technical/Other: | | | | |



Carolina Eastern-Crocker, LLC

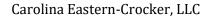
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| Do you have any experience applying crop products? Explain: | | | | |
|--|---------------|--|--|--|
| | | | | |
| How long have you had an application license? | | | | |
| What is your agriculture experience or background | ? | | | |
| | | | | |
| What skills or experiences make you a desirable candidate for this position? | | | | |
| What is your computer experience and what software have you utilized? | | | | |
| Any additional skills, qualifications or achievements you would like us to consider? | | | | |
| PERSONAL/PROFESSIONAL REFERENCES: | | | | |
| Name: | Phone: | | | |
| Company: | Relationship: | | | |
| Address: | City/ST/Zip: | | | |
| Number of Years Known: | | | | |

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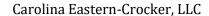




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| Name: | Phone: |
|--|---|
| Company: | Relationship: |
| Address: | City/ST/Zip: |
| Number of Years Known: | |
| Name: | Phone: |
| Company: | Relationship: |
| Address: | City/ST/Zip: |
| Number of Years Known: | |
| Name: | Phone: |
| Company: | Relationship: |
| Address: | City/ST/Zip: |
| Number of Years Known: | |
| | |
| medical history, and employment related matte hereby release employers, schools, or persons | ke an investigation and inquiries of my references, employment, ers as may be necessary in arriving at an employment decision. I from all liability in responding to inquiries relating to my erstand that false or misleading information given in my application |





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Carolina Eastern, Inc. Driver's Motor Vehicle Record Authorization Form

| Driver's Full Name | | | | | |
|---|-------------------------|--------------------------|------------------------|--|--|
| Location ID #89 | CDL Driver | Non CDL Driver | | | |
| Driver's License # | Expiration D | ate | State | | |
| Seasonal Part-Time | Full Time | | | | |
| Date of Birth | | | | | |
| I, (Print Name), hereby authorize Carolina Eastern, Incor affiliate companies to obtain any and all information pertaining to my driving record from any state department of motor vehicles. This signed authorization will remain in effect as long as I am an employee of Carolina Eastern, Inc. and/or its affiliated companies. I also understand the information obtained will not be used in violation of any federal or state equal opportunity law or regulation. I understand that I may be disqualified from employment considerations (applicants), or the use of a company vehicle if an unacceptable MVR results. | | | | | |
| I understand that at any time during my excurrent Motor Vehicle Record. | mployment the compar | ny and its affiliates ma | ay obtain a copy of my | | |
| I understand that a copy of my MVR will personnel file at that location. | be sent to the location | manager for review a | and then filed in my | | |
| I will notify the manager of the location for which I work immediately if my driver's license is suspended for any reason and I agree not to drive any company vehicles or my personal vehicle for company purposes while my license is under suspension. | | | | | |
| Applicant's/Drivers Signature | | Date | | | |