



HBF SERVICES

Employment Application

Mail or Email Completed Applications to:
 HBF Services
 13773 Silver Falls Hwy.
 Sublimity, OR 97385
 hbf@hursts-berry.com

HBF INTERNATIONAL PERFORMS RANDOM DRUG TESTING

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Mailing Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.		
Date Available	Dates Not Available		

Position applied for (Please check only the department(s) for which you are willing to accept employment):

Packing Department	Cleaning Line <input type="checkbox"/>	Packing Line <input type="checkbox"/>	Flat Washing <input type="checkbox"/>	Line Supervisor <input type="checkbox"/>	Forklift Operator <input type="checkbox"/>	Data Entry <input type="checkbox"/>	Pallet Jack Operator <input type="checkbox"/>
Receiving Department	Receiving Operator <input type="checkbox"/>	Dock/Forklift <input type="checkbox"/>	Box Crew <input type="checkbox"/>	Data Entry <input type="checkbox"/>			
Shipping Department	Shipping Cooler/Forklift Operator <input type="checkbox"/>		Shipping Clerk/ Office Assistant <input type="checkbox"/>				
Food Safety Department	Food Safety Support <input type="checkbox"/>		Quality Control (packing room) <input type="checkbox"/>				
Sanitation Department	Sanitation Crew <input type="checkbox"/>		Janitor <input type="checkbox"/>				

Preferred Shift (You may check more than one) 1st shift 2nd shift Graveyard (Sanitation Crew) Part-time Only

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

EDUCATION

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES *Please list three professional references*

Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SKILLS/HOBBIES *List your skills and hobbies*

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WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name	Phone
Address	

HOW DID YOU HEAR ABOUT HBF SERVICES?

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DISCLAIMER AND SIGNATURE

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. If this application leads to employment, I understand that I am responsible for my own transportation to and from work.

Signature	Date
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