



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		
<i>Position applied for (Please check only the department(s) for which you are willing to accept employment):</i>			
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 Dock/Forklift Operator <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)	1 st shift <input type="checkbox"/>	2 nd shift <input type="checkbox"/>	Graveyard (Sanitation Crew) <input type="checkbox"/>
	Part-time Only <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>
	NO <input type="checkbox"/>		

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		
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		
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		
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*

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name	Phone
Address	

HOW DID YOU HEAR ABOUT HBF SERVICES?

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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