



Application for Employment

DATE _____

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

EMERGENCY CONTACT INFORMATION NAME _____
(If under 17, please provide)

RELATIONSHIP _____

PHONE #1 _____

PHONE #2 _____

EDUCATION & EMPLOYMENT BACKGROUND

SCHOOL MOST RECENTLY ATTENDED _____

CURRENT GRADE _____

CURRENT SCHOOL ACTIVITIES _____

PREVIOUS EMPLOYMENT

EMPLOYER'S NAME _____

EMPLOYER'S PHONE NUMBER _____

DATES OF EMPLOYMENT (From) _____ (To) _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? _____

EMPLOYER'S NAME _____

EMPLOYER'S PHONE NUMBER _____

DATES OF EMPLOYMENT (From) _____ (To) _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? _____

REFERENCES

(GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

	NAME	PHONE / ADDRESS	YEARS ACQUAINTED
1			
2			
3			

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

ARE YOU A CITIZEN OF THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES AND ABLE TO PROVIDE DOCUMENTATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, GIVE DATES AND DETAILS: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BACKGROUND

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS _____

WHAT TALENTS CAN YOU OFFER OUR FARM? _____

HOW WOULD YOU DESCRIBE YOURSELF? _____

WHAT HOBBIES DO YOU ENJOY? _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH CHILDREN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE _____		

AVAILABILITY WORKSHEET

NAME _____

DATE AVAILABLE TO START _____

ARE YOU ABLE TO STAND ON YOUR FEET FOR 8 HOURS STRAIGHT? ☐ YES ☐ NO

ARE YOU ABLE TO LIFT 25 POUNDS? ☐ YES ☐ NO

HOW MANY HOURS PER DAY CAN YOU WORK? _____

HOW MANY HOURS PER WEEK CAN YOU WORK? _____

FOR EACH DAY OF THE WEEK, PLEASE LIST THE TIMES THAT YOU ARE AVAILABLE TO WORK.

SATURDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
SUNDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
MONDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
TUESDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
WEDNESDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
THURSDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE
FRIDAY	Start _____	End _____	<input type="checkbox"/> NOT AVAILABLE

DATES NOT AVAILABLE TO WORK: (IF YOU HAVE ANY SPECIAL SCHEDULING NEEDS DURING THE SEASON DUE TO SPORTS, BAND PRACTICE, DANCE, ETC., PLEASE INDICATE THEM HERE)

DATE(S)	REASON
_____	_____
_____	_____
_____	_____

ANY ADDITIONAL INFORMATION

WHAT TYPE OF POSITION ARE YOU INTERESTED IN? PLEASE MARK ALL THAT APPLY.

<input type="checkbox"/> CASHIER	<input type="checkbox"/> GIFT SHOP	<input type="checkbox"/> CORN MAZE BOOTH
<input type="checkbox"/> SNACK SHACK	<input type="checkbox"/> KETTLE CORN BOOTH	<input type="checkbox"/> ESPRESSO
<input type="checkbox"/> DONUT MAKER	<input type="checkbox"/> SCHOOL TOUR GUIDE	<input type="checkbox"/> SCHOOL TOUR ACTOR
<input type="checkbox"/> INFORMATION BOOTH	<input type="checkbox"/> TRACTOR DRIVER	<input type="checkbox"/> FARMER MARK HELPER
<input type="checkbox"/> ANNA & ELSA BOOTH	<input type="checkbox"/> ANNA & ELSA ACTOR _____	
<input type="checkbox"/> OTHER _____		