



CRAVEN FARM EMPLOYMENT APPLICATION 2020 SEASON

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

BEST PHONE # TO REACH YOU: _____

OK TO TEXT? YES / NO

EMAIL _____

IF UNDER 16, PLEASE PROVIDE PARENT/GUARDIAN CONTACT INFO:

NAME _____

RELATION _____

EMAIL _____

PHONE _____

OK TO TEXT? YES / NO

EMERGENCY CONTACT INFORMATION

(If under 17, please provide)

NAME _____

RELATIONSHIP _____

PHONE # _____

TYPE OF POSITIONS CURRENTLY AVAILABLE. CHECK ALL YOU ARE APPLYING FOR:

☐ FOOD SERVICES (AGES 14-15)

☐ CASHIER

☐ FOOD SERVICES (AGE 16 AND UP)

☐ HELP DURING OUR 2 BUSY WEEKENDS (AGES 14 AND UP)

EDUCATION & EMPLOYMENT BACKGROUND

WHAT SCHOOL WILL YOU BE ATTENDING THIS FALL? _____

WHAT GRADE WILL YOU BE THIS FALL? _____

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? _____

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

HAVE YOU VISITED CRAVEN FARM'S PUMPKIN PATCH BEFORE? YES / NO

IF YES, WHAT IS YOUR FAVORITE MEMORY? _____

WHAT QUALIFICATIONS, SPECIAL SKILLS, AND/OR TALENTS CAN YOU OFFER OUR FARM? _____

HOW WOULD YOU DESCRIBE YOURSELF? _____

WHAT HOBBIES DO YOU ENJOY? _____

DO YOU HAVE ANY EXPERIENCE WORKING WITH CHILDREN? ☐ YES ☐ 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 WEEK CAN YOU WORK? _____

FOR EACH DAY OF THE WEEK, PLEASE LIST THE TIMES THAT YOU ARE AVAILABLE TO WORK AND MAXIMUM NUMBER OF HOURS. IF NO TIME CONSTRAINTS, NOTE "ANY".

SATURDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

SUNDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

MONDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

TUESDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

WEDNESDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

THURSDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

FRIDAY Start _____ End _____ MAX # HOURS _____ ☐ NOT AVAILABLE

DATES **NOT AVAILABLE** TO WORK

PLEASE PLACE AN "X" ON ANY DATES YOU ARE **UNAVAILABLE** FOR WORK.

2020 SEPTEMBER						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2020 OCTOBER						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

ANY ADDITIONAL INFORMATION
