



Application for Seasonal Employment
(PLEASE PRINT)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Telephone Number: Home: () Cell: ()

Date Available: _____ Social Security No.: _____ E-mail Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

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

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

What are your people skills? _____

Have you ever been in a supervisory position? YES NO If yes, describe? _____

Any cashier experience? YES NO If yes, describe? _____

Any farm work experience? YES NO If yes, describe? _____

Have you ever operated farm equipment? YES NO If yes, describe? _____

List any training in business, agriculture or horticulture: _____

Education

High School: _____ From: _____ To: _____

Did you graduate? YES NO

College: _____ From: _____ To: _____

Did you graduate? YES NO Degree: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Are you currently employed? YES NO

Company: _____ Phone: _____ ()

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____ ()

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

References

Please give name, company, and telephone number of two professional references that are not related to you and are not previous employers.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ ()

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ ()

Employment Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available (8am – 11 pm)							

Please list any dates between September 15th and November 15th that you are *UNAVAILABLE* to work:

Applicant's Statement

We consider applicant for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

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. I also understand and acknowledge that I am a seasonal employee and that my term of service will not exceed a twelve (12)-week period.

Signature: _____ Date: _____