

Application Date Name **Residential Address** Primary Phone Number (s) Interested in working □ Wholesale □ Bakery □ Field □ Retail **Working Classification Requested** □ Part Time □ Full Time Are you able to work weekends if needed? □ Yes □ No Are you able to work late evening hours if needed? □ Yes □ No Are you able to work early morning hours if needed? □ Yes □ No Have you ever worked at a seasonal business? □ Yes □ No

Do you have a problem lifting up to 40 pounds?

Can you on stand cement for a period of time up to 12 hours?

Yes

No

Are you trained to operate a lift truck, and/ or pallet truck?

Yes

No

Do you have any experience in the following industries?

When would you be able to start work?

Introduction

- Data!I	- NA	

 $\ \square$ Retail $\ \square$ Manufacturing $\ \square$ Agriculture $\ \square$ Food Service

If yes, please explain: ______

□ Immediately

□ Date:

Previous Employer Where did you last work? How long did you work at your last job? What was your reason for leaving your last job? What was your primary job duty at this employer? _____ May we contact this employer if necessary? □ Yes □ No If necessary, this employer can be contacted at: \Box Phone \Box email Phone Number: _____ You as an employee... Please explain any special skills you have that we don't know about... Please explain what your favorite apple is and why... **Professional Reference** Name and Phone Number: Name and Phone Number: _____

Name and Phone Number: