

**FARM STAND APPLICATION FOR EMPLOYMENT**

**EQUAL OPPORTUNITY EMPLOYER  
PRE-EMPLOYMENT QUESTIONNAIRE**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL	REFERRED BY	
POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED	

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
OTHER SCHOOLING			

**GENERAL INFORMATION**

CAREER GOALS/ SPECIAL AREAS OF INTEREST/CONCURRENT JOBS OR COMMITMENTS

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FIOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**MORE INFORMATION REGARDING EMPLOYMENT AT THIS SITE (CIRCLE YES OR NO)**

1- ARE YOU 18 YEARS OLD OR OLDER?	YES	NO
2- DO YOU HAVE A CAR AND INSURANCE?	YES	NO
3- ARE YOU WILLING TO MAKE DELIVERIES IN YOUR OWN CAR?	YES	NO

**4- PLEASE INDICATE WHEN UNAVAILABLE WITH AN "X"**

SHIFTS UNAVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
LUNCH SHIFT (MAXIMUM) 10:20AM- 4PM							
DINNER SHIFT (MAXIMUM) 4PM- CLOSE							

**FARM STAND APPLICATION FOR EMPLOYMENT**5- ARE YOU WILLING TO WORK THE FOLLOWING JOBS? **CIRCLE YES OR NO.**

SHIFT LEADER	YES	NO
FLOATER	YES	NO
DELIVERY	YES	NO
SERVER	YES	NO
STANDBY	YES	NO

**REFERENCES:** GIVE THREE SUPERVISORS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability or any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I understand that employment is At-Will.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**INTERVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_