

SENECA FARMS

APPLICATION FOR EMPLOYMENT

Date _____

NAME: _____

ADDRESS: _____
STREET
CITY
STATE
ZIP

TELEPHONE NO.: _____

DATE OF BIRTH: _____ PRESENT AGE: _____

PREVIOUS EMPLOYMENT:

<u>DATE:</u> <u>MONTH & YEAR</u>	<u>PLACE OF</u> <u>EMPLOYMENT</u>	<u>ADDRESS</u>	<u>NAME OF</u> <u>EMPLOYER</u>
From: _____	_____	_____	_____
To: _____	_____	_____	Telephone No.: _____
Salary- Beginning: _____ per hour	_____	Position: _____	_____
Ending: _____ per hour	_____	Reason For Leaving: _____	_____

<u>DATE:</u> <u>MONTH & YEAR</u>	<u>PLACE OF</u> <u>EMPLOYMENT</u>	<u>ADDRESS</u>	<u>NAME OF</u> <u>EMPLOYER</u>
From: _____	_____	_____	_____
To: _____	_____	_____	Telephone No.: _____
Salary- Beginning: _____ per hour	_____	Position: _____	_____
Ending: _____ per hour	_____	Reason For Leaving: _____	_____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS KNOWN	PHONE NO.

EDUCATION	NAME OF SCHOOL	YRS. ATTENDED	DID YOU GRADUATE?
High School: _____	_____	_____	_____
College: _____	_____	_____	_____

High School Students Only:

Do you presently have working papers or permit? Yes _____ No _____

If you do not, you must obtain one at the Health Office of your school.

Are you presently, or will you be involved in any organized community or school activities? (Examples: Any type of sport or club, Varitones, band, plays, 4-H, Sunday School, choir, etc.) Yes _____ No _____

If yes, complete the following:

Activity:	STATE	Month From Beginning To End	Name & Phone No. of Coach or Director
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

During the months of March - November, will you or your family be going on vacation? Yes _____ No _____
If yes, what month and days will you be unavailable to work? _____

Do you feel that you will be able to keep up with your school studies and exams while holding down a job? Yes _____ No _____

While school is in session (Sept. - June), how many days and hours are you willing to work? _____

During the summer months (July & August), how many days and hours are you willing to work? _____

Graduating Seniors Only:

If you are attending college this fall or plan on moving away, when must you end work? Month _____ Day _____

College Students Only:

When can you begin work? _____ (Please be specific)

If returning to college or other, when must you end work? _____

How many days and hours are you willing to work while attending college? Days _____ Hours _____

In case of emergency notify: (Name and phone number)

First Choice: _____

Second Choice: _____

Third Choice: _____

If employed by Seneca Farms, would you agree to a trial period? Yes _____ No _____

If no, please explain: _____

What length of time do you feel would be fair to you and to your employer for a trial period? _____

My parents have read through this application and give their permission for me to seek employment at Seneca Farms.

Parent's Signature: _____