



**The Little Farmer, LLC**

A Festive Family Farm Market

N9438 Hwy 151

Malone, WI 53049

920-921-4784

thelittlefarmer@rocketmail.com

www.myltf.com

# Application for Employment

<u>Office Use</u> Interview
Date: _____
Time: _____

Position applied for: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of birth \_\_\_\_\_

Email address \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a US Citizen? Yes  No  If not, are you legally allowed to work in the US? Yes  No

Have you applied here before? Yes  No  If yes, when? \_\_\_\_\_

Age:  13-15  16-17  18+ Name of High School/College \_\_\_\_\_

When are you available to work? \_\_\_\_\_ Do you have a High School Diploma, HSED or GED?

a.m.  p.m.  Weekdays  Weekends Yes  No

Are you CPR  or AED  certified? Do you have a reliable source of transportation? Yes  No

Summarize your skills and/or qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Employment Experience</b> Start with your present job or last job. Be certain to include service in the armed forces.
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Employer 1 \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_

Position(s) held \_\_\_\_\_ Full Time  Part Time

Date of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list your duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

May we contact this employer as a reference? Yes  No

Employer 2 \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_

Position(s) held \_\_\_\_\_ Full Time  Part Time

Date of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list your duties and responsibilities \_\_\_\_\_

May we contact this employer as a reference? Yes  No

With reasonable accommodations when necessary, can you:

Stand for prolonged periods of time? Yes  No  Lift 30+ pounds? Yes  No

Climb a ladder? Yes  No  Walk up and down stairs? Yes  No

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes  No

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to this question 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 there any allergies or medical conditions we need to be aware of? (i.e. bee allergy, diabetic)

### References

- If no prior work history
- Do not use family or friends

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_