

# Milburn Orchards – Application of Employment

## Personal Information

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Referred By: \_\_\_\_\_

Do you have your "OWN" Transportation?  Yes  No Explain \_\_\_\_\_

Any physical reason you cannot lift?  Yes  No \_\_\_\_\_

Any Allergies? *Specifically Bees?*  Yes  No \_\_\_\_\_

Is there any days you cannot work?  Yes  No \_\_\_\_\_

## In Case of Emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## Applying For *Check All that Apply*

Cashier – Farm Market

Bakery Help

Tractor Driver

Group Tour Guides

Weekend/Seasonal

Other, \_\_\_\_\_

## Education

Name of School: \_\_\_\_\_ Currently Attending?  Yes  No

Years Completed: \_\_\_\_\_ Graduate?  Yes  No

## Employment Experience *List your most recent work experience first*

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to Contact:  Yes  No

Full Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Ok to Contact:  Yes  No

Full Address: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Personal References *People to speak on your behalf about your character and/or performance*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

For Official Use

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_ Last Day: \_\_\_\_\_

Comments: \_\_\_\_\_

