

# DITMARS ORCHARD & VINEYARD JOB APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, gender age, sexual orientation, national origin, handicap or veteran status.



## PERSONAL

Last Name	First Name	MI	Today's Date
Street Address	City, State	Zip	Primary Phone Number
Email Address		How do you prefer to be contacted? Text <input type="checkbox"/> Phone <input type="checkbox"/>	
Availability	MON	TUE	WED
	THU	FRI	SAT
	SUN		
Earliest Start Time:			
Latest Finish Time:			
Please List all commitments that may cause you to ask for time off such as classes, other employment, or extracurricular activities:			
Are you legally eligible for employment In the United States?		Have you worked here before?  If so, when?	
Can you lift more than 25 pounds?		Are you at least 16 years old?	
Can you stand for a long time?		Are you at least 18 years old?	
Can you stoop or bend without any problem?			
Which position(s) are you interested in?			
<input type="checkbox"/>	Team Lead	<input type="checkbox"/>	Cafe
<input type="checkbox"/>	Admissions	<input type="checkbox"/>	Sweet Shoppe
<input type="checkbox"/>	Retail	<input type="checkbox"/>	Grounds Worker
<input type="checkbox"/>	Bar	<input type="checkbox"/>	Tractor Driver
		<input type="checkbox"/> Activity Attendant	
		Desired Number of Hours (Weekly)	
		Min:	Max:
Why would you like to work here?			
Emergency Contact Person		Their Primary Phone Number	
T-Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			

## EDUCATION

Name of Most Recent School Attended	Town/City	Still Attending?	How Many Years Have You Completed?

## EMPLOYMENT/MILITARY EXPERIENCE

List below your last two employers, starting with your present or most recent employer. Please give accurate, complete, full time part-time and military experience.

Company Name	Employment Dates ( month and year) From:                      To:
Company Phone Number	Your Position There:
Name of Supervisor/Supervisor's Title	Reason for Leaving
Describe Your Work Duties	
Company Name	Employment Dates ( month and year) From:                      To:
Company Phone Number	Your Position There:
Name of Supervisor/Supervisor's Title	Reason for Leaving
Describe Your Work Duties	
Is there any other work experience (agricultural or otherwise) you wish to include?	
Please list any other skills or familiarity with tools or equipment you would like us to know about.	
Have you been convicted of, or pleaded no cotes tot, a felony crime? If yes, please explain.	

## SIGNATURE

The information provided in this application of employment is true, correct & complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue employ me in the future.

Signature	Date
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