

WASEM FRUIT FARM JOB APPLICATION



Date: _____
Name: _____
Street: _____
City/State/Zip: _____
Permanent Address (for W-2's, final check, etc.)
Street: _____
City/State/Zip: _____
Phone: home: _____ cell: _____
E-mail address : _____

Are you able to stand on your feet for 8 hours straight? _____ Yes _____ No
Do you have reliable transportation? _____ Yes _____ No
Do you have orchard experience? If yes, describe below. _____ Yes _____ No

Position(s) I'm interested in:
_____ Fruit Picker (no weekends) _____ Cider Maker (only 1 or 2 days/week)
_____ Donut Maker (starts at 6:30/7 am weekday) _____ School Tour Guide
_____ Donut Maker (2 shifts: first one starts at 6 am-ish weekends) _____ Apple Grader
_____ Ann Arbor Farmers' Market (Saturday) _____ Sales Help
_____ Pruning (late November through Spring)

I am available:
_____ Weekday Early Mornings _____ Weekdays 10 am to Close (5 or 6)
_____ Weekends _____ After School and Weekends

What prompted you to apply here:
_____ Newspaper Ad _____ Website _____ You're a Customer
_____ Interest in Orchard _____ Friend/Relative _____ Other

Highest Level of Schooling:
_____ Attend High School _____ High School Grad/GED _____ Some College _____ College Graduate

Most recent job or life experience: _____

It is critical to our business that our employees be available mid-September through the end of October. How many hours per week can you commit to work during this 6 week period? _____ It is very important that you list days you cannot work between mid Sept and the end of October. We can not guarantee that you can have other days off than the ones listed below.

I am *NOT* available the following days or times: _____

References: (please include at least one previous employer)

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Comments: _____

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 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 for 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.

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: _____

Interviewer Notes:

Date: _____ Signature: _____