

WASEM FRUIT FARM JOB APPLICATION



Date: _____
Name: _____
Street Address: _____
City/State/Zip: _____
Permanent Address (for W-2's, final check, etc.)
Street Address: _____
City/State/Zip: _____
Phone: home: _____ cell: _____
Email Address: _____
Emergency contact name: _____ phone: _____

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/Apple Grader _____ Cider Maker (ALL DAY, 1 or 2 days/week)
_____ Donut Maker (Weekends) _____ School Tour Guide
_____ Donut Maker (Weekdays) _____ Cashier
_____ Ann Arbor Farmers' Market (Wednesday or Saturday) _____ Selling Donuts
_____ Pruning (late November thru spring)

I am available:

_____ Weekdays _____ Weekdays and Weekends
_____ Weekends Only _____ After School and Weekends Only
_____ Play Sports Saturday and Sunday (only)

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
_____ Online classes Now _____ Home Schooling Now

Most recent job or life experience: _____

It is critical to our business that our employees be available mid-September through the end of October. (We will try schedule around vacations, athletic events etc. that we are made aware of **PRIOR** to you being hired.) How many hours per week can you commit to work during this 6-week period? _____ It's very important that you list the days you cannot work between Mid-September and the end of October. We cannot guarantee that you can have other days off that the ones listed.

We require a 7 day notice if quitting during this 6 week period initial to confirm _____

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: _____