WASEM FRUIT FARM JOB APPLICATION

| Date: | | |
|---|-----------------------|-----------------|
| Name: | | |
| Street Address: | 7 6 60) 0 5 | |
| City/State/Zip: | | |
| Permanent Address (for W-2's, final check, etc.) | | |
| Street Address: | | M |
| City/State/Zip: | - 14 | |
| 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: | | |
| • • | _ Cider Maker (only 1 | l or 2 days/wee |
| | _ School Tour Guide | • |
| , | Cashier | |
| Ann Arbor Farmers' Market (Saturday) | Selling Donuts | |
| Pruning (late November thru summer) | _ 0 | |
| Able to drive Box truck and go to Saturday mark | et | |
| I am available: | | |
| | eekdays and Weeken | ds |
| • | fter School and Weeke | |
| Play Sports Saturday and Sunday (only) | iter benoof and vveek | sites offig |
| 1 my op one outerany are our any (only) | | |
| What prompted you to apply here: | | |
| Newspaper Ad Website | You're a (| Customer |
| Interest in Orchard Friend/Relativ | veOther | |
| Highest Level of Schooling: | | |
| | Some College Col | llege Graduate |
| Attend High SchoolHigh School Grad/GED Online classes NowHome Schooling Now | | |
| Most recent job or life experience: | | |
| | | |

| It is critical to our business tha | t our employees be available mid-Sep | otember through the end of |
|---|--|--|
| | e around vacations, athletic events etc. | 9 |
| • | ow many hours per week can you cor | |
| • | ortant that you list the days you canno | |
| | nnot guarantee that you can have oth | _ |
| We require a 7 day notice if q | uitting during this 6 week period ini | tial to confirm |
| | | |
| I am <i>NOT</i> available the follow | ing days or times: | |
| | | |
| | | |
| Deferences (please include at 1 | loost one provious ampleyor) | |
| References: (please include at l | | |
| Name: | | |
| Name: | | |
| ivanic. | 1 Hone. | |
| | | |
| Comments: | | |
| | | |
| | | |
| | | |
| Authorization: | | |
| | | |
| | tained in this application are true and com distatements on this application shall be ground | |
| I authorize investigation of a | Ill statements contained herein and the refere | ences listed above to give you any and all |
| | employment and any pertinent information the for any damage that may result from utilizati | |
| | that no representative of the company has | |
| for employment for any specified per | riod of time, or to make any agreement contr | |
| and signed by an authorized compar This waiver does not permit | ny representative. the release or use of disability-related or me | edical information in a manner prohibited |
| | ct (ADA) and other relevant federal and state | |
| Date: | Signature: | |
| | Olgridiaro. | |
| Interviewer Notes: | | |
| interviewer notes. | | |
| | | |
| | | |
| Data | Signatura | |