



Pumpkin City's

Pumpkin Farm | Christmas Trees | Strawberries

Lot: _____

MANAGER COPY – KEEP AT LOT

AVAILABILITY FOR EMPLOYMENT

First Name _____

M.I. _____

Last Name _____

Today's Date mm/dd/yyyy _____

Street Address _____

Apt. # _____

Email Address _____

City _____

State _____

ZIP Code _____

Cell Phone # _____

Have you ever been employed
with Pumpkin City before?

YES

NO

Year: _____

Do you need a work permit?

YES

NO

If you are 18 years of age or younger and are still in high school, you will need a work permit.

DAYS AND HOURS AVAILABLE

MONDAY	From: _____	To: _____
TUESDAY	From: _____	To: _____
WEDNESDAY	From: _____	To: _____
THURSDAY	From: _____	To: _____
FRIDAY	From: _____	To: _____
SATURDAY	From: _____	To: _____
SUNDAY	From: _____	To: _____

Notes to
Manager:

In case of an emergency please contact:

Name: _____ Relationship: _____ Phone: _____



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Today's Date: _____

Employment Application

Applicant Information

Full Name: _____ Social Security Number: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ Email: _____

Cell Phone: _____ Home Phone: _____

What type of position: Full Time Part Time Are you able to meet the attendance requirements of this *seasonal* position? YES NO

Are you a citizen of the United States? YES NO If NO, are you authorized to work in the U.S.? YES NO
(If hired, verification will be required by law)

Have you ever worked for Pumpkin City? YES NO If YES, when? _____

School Most Recently Attended

Name: _____ Current Grade Level: _____

Address: _____

City: _____ State: _____ Telephone: _____

From: _____ To: _____ Now enrolled? YES NO Graduated? YES NO

Sports, Clubs or Activities? _____

Most Recent Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____ Salary: \$ _____

Dates Worked From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO **Mgmt. ref. ck. done by:** _____

References (Please do not use family members)

Name: _____ Years Known: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code Phone: _____

Name: _____ Years Known: _____
First Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code Phone: _____

Disclaimer and Signature

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

Signature: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER