



# Louisburg Cider Mill Employment Application

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Home # \_\_\_\_\_  
Email \_\_\_\_\_

Are you interested in: (circle all that apply)

Full Time      Part Time      Fall Season

Available Start Date: \_\_\_\_\_

What days and hours are you available?

Position applying for: (circle all positions you are interested in)

Cashier      Stocker      Pumpkin Patch      Farm Hand      Tractor Driver  
School Tours      Maintenance      Production

Desired Wage: \_\_\_\_\_      Are you 18 or over?      Yes      No

Are you legally able to work in the US?      Yes or No  
Have you ever been convicted of a crime?      Yes or No  
Do you have cashier experience?      Yes or No  
Do you have your own transportation?      Yes or No  
Do you feel comfortable speaking to a group?      Yes or No  
Are you willing to work weekend evenings?      Yes or No

How would you describe yourself?

What hobbies or activities do you enjoy?

What classes did/do you enjoy most in school?

What words best describes you?      You may chose more than one.

Analytical    Patient    Kind    Bubbly    Generous    Reserved    Quiet    Spontaneous    Outgoing

Please list any other skills that may apply. Special training, education, or past experiences

<b>Education</b>	Name/Location	Last year completed	Graduated?	Degree
High School				
College/Trade School				

**Previous Employment**

Employer \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_

Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Dates Of Employment \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Supervisor \_\_\_\_\_

Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your previous employers? Yes No

**References**

Personal or Work -No family members

Name	Phone	Relationship

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools and individuals from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

Date Received-

Received By-