



HOLIDAY FARMS

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available	D.O.B.	Desired Salary	
Position Applied for		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Hours Available to Work: <input type="checkbox"/> MON _____ <input type="checkbox"/> TUE _____ <input type="checkbox"/> WED _____ <input type="checkbox"/> THUR _____ <input type="checkbox"/> FRI _____ <input type="checkbox"/> SAT _____ <input type="checkbox"/> SUN _____			
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?			
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason For Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____