

TOUGAS FAMILY FARM LLC JOB APPLICATION

APPLICANT NAME & ADDRESS

First _____ M.I. _____ Last _____

Street _____ City _____ State _____ Zip _____

Telephone () _____ Email Address _____

Are you 18 years or older? Yes No If no, what is your age? _____

POSITION APPLYING FOR: _____ **AVAILABILITY Total hours per week** _____

	M	T	W	T	F	S	S
Hours available From							
To							

SCHOOL MOST RECENTLY ATTENDED

Name _____ City _____

Last grade completed _____ Graduated? Yes No Now Enrolled? Yes No

Sports or Activities _____ Grade Average _____

TWO MOST RECENT JOBS

Company _____ Location _____

Phone _____ Position _____

Supervisor _____ Dates Worked _____

Reason for leaving _____

Company _____ Location _____

Phone _____ Position _____

Supervisor _____ Dates Worked _____

Reason for leaving _____

ADDITIONAL SKILLS OR EXPERIENCE RELATED TO CUSTOMER SERVICE, SALES, OR FOOD SERVICE

Do you now have or have you had within the past six months any contagious or communicable diseases, gastrointestinal infections, or have you ever had hepatitis or salmonella?
Yes No If yes, please explain in full on back of application.

I certify that the information contained on this application is correct to the best of my knowledge and understand that any falsification is grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment. I acknowledge that if I become employed, I am free to terminate my employment at any time and Tougas Family Farm LLC reserves the same right. This position is on an as needed basis.

Date _____ **Signature** _____