



Strawberry Acres Employment Application

Please print all responses

Date of Application: ___/___/___

Name _____

Address

Last	First	Middle	Email	Social Security #
Street	City		State	Zip Code

Phone _____ Cell _____ Driver's License # _____

Name of person to notify in case of emergency _____ Relationship _____

Emergency Telephone (H) _____ (W) _____

If you are under 18, you will be required to furnish a work permit. **If under 18**, please give date of birth: ___/___/___

Are you legally eligible for employment in this country? Yes ___ No ___ (Proof of U.S. citizenship or immigration Circle One status will be required upon employment)

Position(s) applying for _____

List any skills/experience/talents that would be helpful in your employment at Strawberry Acres

How did you hear about Strawberry Acres? _____

If referred, who referred you? _____

Have you ever been employed at Strawberry Acres? Yes ___ No ___ In which department? _____

List any friends or relatives currently or previously employed by Strawberry Acres? Name _____ Department _____

Have you ever been a cashier? Yes ___ No ___ Have you ever worked in a retail situation? Yes ___ No ___

If you are a student, can you work after school? Yes ___ No ___

Are you willing to work weekends? Yes ___ No ___ Holidays? Yes ___ No ___

Type of employment desired: ___ Full Time ___ Part-Time ___ Temporary ___ Seasonal ___

How many days and hours per week do you want to work? Please list all **available** hours on the chart below:

Hours available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time you are available to start:							
Time you need to finish:							

Date you can start:	/	/	
Salary desired:	\$		

Circle Highest Grade Completed 7 8 9 10 11 12 13 14 15 16 +	Are you attending school now? Yes ___ No ___ Where? _____	Date you will complete school: ___/___/___
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Type of School	Name of School Attended	City	State	Did You Graduate?	Degree and/or Major Subject
High School				Yes ___ No ___	
College				Yes ___ No ___	
Graduate School				Yes ___ No ___	
Other				Yes ___ No ___	

List any machines that you can operate: _____

Describe any special courses, seminars, activities, scholastic awards or apprenticeships: _____

Employment History Please list your last 3 employers, starting with the most recent. Include any period of unemployment, self-employment, part-time or temporary work. Please indicate if you were employed under a different name.

Start Date	End Date	Employer	Telephone - -
Job Title		Address	
Name of supervisor		Nature of work performed & job responsibilities	
Reason for leaving?		Hourly rate/salary Start \$ _____ Per _____ Final ? _____ Per _____	
Start Date	End Date	Employer	Telephone - -
Job Title		Address	
Name of supervisor		Nature of work performed & job responsibilities	
Reason for leaving?		Hourly rate/salary Start \$ _____ Per _____ Final ? _____ Per _____	
Start Date	End Date	Employer	Telephone - -
Job Title		Address	
Name of supervisor		Nature of work performed & job responsibilities	
Reason for leaving?		Hourly rate/salary Start \$ _____ Per _____ Final ? _____ Per _____	

Military Service? Branch of Military Service: _____ Highest Rank _____ Years Served _____

List any employers that you don't want us to contact: _____

Were you ever discharged by any company? Yes ___ No ___ If yes, give the name of the company _____

**Have you been convicted of a felony in the last seven (7) years? Yes ___ No ___

*If yes, please explain _____

*(The existence of a criminal conviction does not constitute an automatic bar to employment and factors such as seriousness of the crime and any rehabilitation will be taken into account.)

Personal References- Name	Telephone	Years Known

Do you have any physical limitations that preclude you from performing any of the work for which you are being considered?

Yes ___ No ___ If yes, what can be done to accommodate your limitation? _____