



Old Time
Christmas
Tree Farm

APPLICATION FOR EMPLOYMENT

FULL NAME: _____

BIRTH DATE:

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 SOCIAL SECURITY #:

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Month Day Year

EMAIL: _____ CELL PHONE #: _____

STREET ADDRESS _____ APT/UNIT# _____

CITY _____ STATE _____ ZIP Code _____

Are you legally authorized to work in the United States? (Circle one) **Yes** **No**

Are you at least 16 years old? (Circle one) **Yes** **No**

EDUCATION

High School: _____ Year Graduated/Graduating: _____

College (If Applicable): _____ Year Graduated/Graduating: _____

Are you involved in any extracurricular activities? (Circle one) **Yes** **No**

If so, list them: _____

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WORK EXPERIENCE

Company Name: _____ Start Date: _____ End Date: _____

Position: _____ Supervisor's Name: _____

Reason you left: _____

Company Name: _____ Start Date: _____ End Date: _____

Position: _____ Supervisor's Name: _____

Reason you left: _____

PERSONAL REFERENCES

Name: _____

Phone #: _____

Relationship: _____

Email: _____

Name: _____

Phone #: _____

Relationship: _____

Email: _____

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AVAILABILITY

You are expected to be at work on the following days (highlighted in yellow).

Please circle any days you are **NOT** able to work.

September 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30 9:30am – 7pm

October 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 9:30am – 7pm	2	3	4	5	6 2:30pm-7pm	7 9:30am – 7pm
8 9:30am – 7pm	9	10	11	12	13 2:30pm-7pm	14 9:30am – 7pm
15 9:30am – 7pm	16	17	18	19	20 2:30pm-7pm	21 9:30am – 7pm
22 9:30am – 7pm	23	24	25	26	27 2:30pm-7pm	28 9:30am – 7pm
29 9:30am – 7pm	30	31				

November 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 8:30am-6pm	25 8:30am-6pm
26 8:30am-6pm	27	28	29	30		

December 2017						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2 8:30am-6pm
3 8:30am-6pm	4	5	6	7	8	9 8:30am-6pm
10 8:30am-6pm	11	12	13	14	15	16 8:30am-6pm
17 8:30am-6pm	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



EMERGENCY CONTACTS

Name: _____

Phone #: _____

Relationship to you: _____

Name: _____

Phone #: _____

Relationship to you: _____

SIGNATURE

DATE