

# Farms Work Wonders Job Application



Updated on: 10/08/2020

## Personal Information

Last		First	MI	DOB
Street Address		City	ST	Zip
Email			Mobile Phone	
What position are you applying for?			How did you hear about this position?	
Expected Hourly Rate	Expected Weekly Earnings		Date Available	

## Prior Work Experience

Current / Most Recent Employer

Employer:	Telephone:	Position/Title:
Street Address:	City:	State: Zip:
Dates Employeed:	Pay Rate:	Name of Immediate Supervisor
Reason for Leaving:	May we contact: ___ YES ___ NO	
Supervisor Title:	Supervisor Email:	Supervisor Phone:

Employer #2

Employer:	Telephone:	Position/Title:
Street Address:	City:	State: Zip:
Dates Employeed:	Pay Rate:	Name of Immediate Supervisor
Reason for Leaving:	May we contact: ___ YES ___ NO	
Supervisor Title:	Supervisor Email:	Supervisor Phone:

Employer #3

Employer:	Telephone:	Position/Title:
Street Address:	City:	State: Zip:
Dates Employeed:	Pay Rate:	Name of Immediate Supervisor
Reason for Leaving:	May we contact: ___ YES ___ NO	
Supervisor Title:	Supervisor Email:	Supervisor Phone:

Employer #4

Employer:	Telephone:	Position/Title:
Street Address:	City:	State: Zip:
Dates Employeed: __/__/____ - __/__/____	Pay Rate:	Name of Immediate Supervisor
Reason for Leaving:	May we contact:  __ YES __ NO	
Supervisor Title:	Supervisor Email:	Supervisor Phone:

Employer #5

Employer:	Telephone:	Position/Title:
Street Address:	City:	State: Zip:
Dates Employeed: __/__/____ - __/__/____	Pay Rate:	Name of Immediate Supervisor
Reason for Leaving:	May we contact:  __ YES __ NO	
Supervisor Title:	Supervisor Email:	Supervisor Phone:

**Education**

Name/Location	Last Year Complete	Degree	Major or Emphasis
High School	9 10 11 12		
College/University	1 2 3 4		
Trade School			
Other			
List any applicable special skills, training or proficiencies.			

**Acknowledgment**

Farms Work Wonders may seek to verify the information you have provided on your Application or during the interview process. You are authorizing the Farms Work Wonders and any of its employees or agents to contact the persons or organizations you have listed as references (or others) and to discuss your background and work history with them. By signing below you are releasing Farms Work Wonders and all of the persons, organizations and their agents who are contacted by Farms Work Wonders for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of verifying the information you have provided. Without limiting the foregoing in any manner you are expressly authorizing any person, school, current or prior employer named in this form (or in any related documents or interview) to provide any information or opinion requested by Farms Work Wonders.

By signing below, you hereby certify that the above information and any supplemental information you have provided, to the best of your knowledge, is correct. You understand that falsification of this information may prevent you from being hired or lead to your dismissal if hired.

Signature	Date
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