

# *Borzynski's Farm & Floral Market*

***We Are An Equal Opportunity Employer***

## ***Application for Employment***

***Please submit application in-person!***

| Name | | | |
|---|---|---|---|
| Street Address | City | State | Zip Code |
| Telephone | E-Mail Address | | |

Have you applied to this company before? ___Yes ___No Are you now employed? ___Yes ___No

Have you ever worked or attended school under another name? If so, under what name?_____

Are you 18 years old or older? ___Yes ___No If not, list your date of birth ____/____/____
If under age 18, how many hours per week are you employed elsewhere? _____

Do you have transportation to and from work? ___Yes ___No
Are you a U.S. citizen or do you have an entry permit which allows you to work? ___Yes ___No

What position(s) are you applying for?_____
Are you applying for ___ full time employment, ___part-time employment, ___seasonal employment?
You will be required to work weekends. Is this a problem for you? ___Yes ___ No

## ***EDUCATION***

| | Name and Address of School | Grade or Degree Completed | Graduate Yes | Graduate No |
|---|---|---|---|---|
| High School | | | | |
| College/University | | | | |
| Other (Specify) | | | | |
| Military Service Schools | | | | |

| Military Service Record | War Veteran Yes No | Branch | From (Date) | To (Date) | Highest Grade |
|---|---|---|---|---|---|
| | | | | | |

Describe any education, training or special skills you have had which are not covered in your work history such as vocational school, correspondence courses, in-service training or volunteer work which you feel is relevant to the job you are applying for. Include relevant licenses or certificates. Please be specific.

Are there any job duties that you would be unable to perform? Please list them.

Is there anything we could do to accommodate you so you could perform all the required job duties?

***PERSONAL REFERENCES***

(Please list three non-relatives that we may contact as references.)

| | Name | Occupation/Relationship | Telephone |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

**IN CASE OF EMERGENCY NOTIFY - (NAME, ADDRESS, PHONE NUMBER, RELATIONSHIP)**

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| Signature | Date Signed |
|---|---|
| | |