APPLICATION FOR EMPLOYMENT AT LEAMAN'S GREEN APPLEBARN

7475 N. RIVER ROAD
FREELAND MI 48623
989 695-2465

Personal Information

First Name: _____ Last Name: _____ Phone Number: _____

Street Address: _____City_____Zip Code_____

Age (ONLY IF UNDER 18 YEARS OLD) _____

What is your preferred method of communication?

- Texting
- Phone

What date can you start work? _____What salary level do you expect? _____

Are you currently employed? _____ If so, may we contact your current employer? _____

How did you hear about this position? If referred, who were you referred by: _____

What position(s) are you applying for? _____

Education History

Name and Location of High School Attended/Attending_____

Have you graduated_____ If not, what grade level have you achieved? _____

Name and Location of College(s) Attended: _____

What was your major and/or classes taken? _____

Other special training you have received? _____

Why would you like to work at Leaman's Green Applebarn?

Tell us about yourself. What special interests do you have? (i.e., hobbies, self-taught skills).

What is your availability? Please provide a estimated schedule of what you see your availability being September through October?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Former Employers
List below your last four employers, starting with the last one first.

Date Started	**Date Ended**	**Name and Location**	**Position Worked**	**May we contact this employer?**	**Reason for Leaving**

References
List below the names of three persons not related to you, whom you have known at least one year. These are people that we may contact concerning your skills, reliability and character.

Name Address Contact Phone Number Years Known

1.

2.

3.

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant Acknowledgment
I understand that, if offered employment, I may be required to complete additional pre-employment forms, including forms related to background screening, employment eligibility verification and other job-related requirements, as permitted by law.

Date_____Signature_____