

### CROS-B-CREST FARM APPLICATION

Position applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

#### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you legally eligible for employment in the U.S.?  Yes  No

#### EMPLOYMENT HISTORY

Please list your last three jobs held (starting with most recent):

Company/Employer Name: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

Supervisor or Employer Name and Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_

Address (City, State): \_\_\_\_\_

Supervisor or Employer Name and Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_

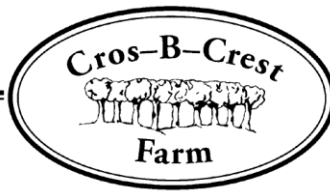
Address (City, State): \_\_\_\_\_

Supervisor or Employer Name and Phone: \_\_\_\_\_

Description of work: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Why did you leave? \_\_\_\_\_



### EDUCATION

	Institution Name	Years completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

### SKILLS & QUALIFICATIONS

Are you able to perform the following job duties with or without an accommodation?

1) Lifting up to 30 pounds?                    \_\_\_Yes            \_\_\_No

If you can perform this function but need an accommodation, explain how you would perform the task and with what accommodation:

2) Repeated bending and twisting?            \_\_\_Yes            \_\_\_No

If you can perform this function but need an accommodation, explain how you would perform the task and with what accommodation:

3) Standing and/or walking all day?            \_\_\_Yes            \_\_\_No

If you can perform this function but need an accommodation, explain how you would perform the task and with what accommodation:

### REFERENCES

Personal

1. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: \_\_\_\_\_

### CONTACT

In case of accident or illness, please contact:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_