



Weber's

CIDER MILL FARM

2526 Proctor Lane, Baltimore MD 21234
 Phone: 410-668-4488 FAX: 410-665-784

Employment Application

| APPLICANT INFORMATION | | | |
|---|--|--|--|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Position Applied for: | | |
| Are you over 18 years of age? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If NO, please provide your date of birth: | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If NO, are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you on medication? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If YES, explain: | |
| Do you have allergies? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If YES, explain: | |
| Have you ever been convicted of a crime other than a minor traffic violation? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain: | |
| EDUCATION | | | |
| High School | Circle Current Year in School 9 th 10 th 11 th 12 th | | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| School Activities: | | Extra Curricular Activities | |
| Class Subjects and Grades: | | | |
| REFERENCES | | | |
| <i>Please list two personal references (Please do not include family members).</i> | | | |
| Full Name | | Relationship | |
| Address | | Phone () | |
| Full Name | | Relationship | |
| Address | | Phone () | |
| <i>Please list names of people you know who are current or former employees at Weber's Farm</i> | | | |
| Full Name | | Relationship | |
| Full Name | | Relationship | |



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| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| EMERGENCY CONTACT | |
|-------------------|--------------|
| Full Name | Relationship |
| Address | Phone () |

| AVAILABILITY | | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|--------|
| Days | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Hours | | | | | | | |
| | | | | | | | |

| | | |
|---|------------------------------|-----------------------------|
| Can you work Weekends in September and October? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |