

Lull Farm LLC APPLICATION FOR EMPLOYMENT

BEFORE COMPLETING THIS APPLICATION

PLEASE NOTE THAT ALL LULL FARM EMPLOYEES ARE SCHEDULED AT LEAST ONE WEEKEND DAY AND THAT
'SEASONAL' EMPLOYMENT IS CONSIDERED MAY 1 - DECEMBER 1

PERSONAL INFORMATION:

FIRST NAME: _____ MIDDLE INITIAL ____ LAST NAME: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____ EMAIL: _____

ADDRESS: _____ CITY/TOWN: _____ ST: _____ ZIP: _____

MAILING ADDRESS (if DIFFERENT from above): _____

DATE OF BIRTH (applicants must be AT LEAST 16 YEARS OF AGE): MONTH: _____ YEAR: _____

Do you have a VALID drivers license: ____ NO ____ YES State issued: ____ License #: _____

Are you currently employed? : ____ YES ____ NO Where? _____ Part Time ____ Full Time

Have you ever been employed by Lull Farm LLC? ____ NO ____ YES (*if yes, when: _____)

PREVIOUS EMPLOYERS:

DATE: _____ TO _____ COMPANY: _____

ADDRESS: _____ POSITION: _____

REASON FOR LEAVING: _____

DATE: _____ TO _____ COMPANY: _____

ADDRESS: _____ POSITION: _____

REASON FOR LEAVING: _____

DATE: _____ TO _____ COMPANY: _____

ADDRESS: _____ POSITION: _____

REASON FOR LEAVING: _____

HOW/WHERE DID YOU HEAR ABOUT THIS JOB OPPORTUNITY ____ Facebook ____ Craigslist ____ Other: _____

POSITION YOU ARE APPLYING FOR: _____

ARE YOU AVAILABLE FOR EMPLOYMENT FROM MAY - NOVEMBER ____ YES ____ NO (*if NO is selected please list dates of availability)

* Specific dates available: _____

DATE YOU ARE AVAILABLE TO BEGIN WORK: _____ SALARY DESIRED PER HOUR: _____

PLEASE COMPLETE ALL FIELDS AND ANSWER ALL QUESTIONS BELOW - INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

EDUCATION:

HIGH SCHOOL: _____ GRADUATION DATE: _____

COLLEGE: _____ PART TIME _____ FULL TIME GRADUATION DATE: _____

EXTRACURRICULAR ACTIVITIES:

SPORTS: (PLEASE LIST ALL THAT YOU PARTICIPATE IN) _____

WHAT SEASONS DO YOU PARTICIPATE IN SPORTS (CHECK ALL THAT APPLY) _____ SPRING _____ SUMMER _____ FALL _____ WINTER

WHAT IS YOUR PRACTICE SCHEDULE? DAYS _____ TIMES: _____

REFERENCES:

NAME: _____ TITLE: _____ PHONE: _____

NAME: _____ TITLE: _____ PHONE: _____

NAME: _____ TITLE: _____ PHONE: _____

HAVE YOU EVER WORKED ON A FARM BEFORE? _____ NO _____ YES WHERE?: _____

WHAT DO YOU BELIEVE YOUR RESPONSIBILITIES WILL INCLUDE AS AN EMPLOYEE OF LULL FARM LLC?

HOW WOULD YOU DEFINE AN 'UNRELIABLE' EMPLOYEE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO ARE YOU CURRENTLY ON COURT ISSUED PROBATION? _____ YES _____ NO
IF YES TO EITHER OF THE ABOVE, PLEASE SPECIFY: _____

ARE YOU ABLE TO LIFT 20+ POUNDS? _____ DO YOU HAVE ANY ALLERGIES? _____ PLEASE SPECIFY: _____

DO YOU HAVE ANY PHYSICAL RESTRICTIONS OR CONDITIONS THAT REQUIRE MEDICATION? _____ (ex: asthma, chronic pain etc.)

PLEASE SPECIFY PHYSICAL RESTRICTIONS: (ex: stairs, lifting, kneeling) _____

BY SIGNING BELOW, I ATTEST THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CURRENT AND REALIZE THAT BY FALSIFYING ANY INFORMATION, I FORFEIT ANY CONSIDERATION FOR EMPLOYMENT OPPORTUNITIES WITH LULL FARM LLC.

DATE SIGNATURE PRINT NAME DAYTIME PHONE NUMBER (include area code)

LULL FARM LLC: _____ INTERVIEW DATE _____ REFERENCE CHECK _____ DRIVER LICENSE - COPY TAKEN ON _____

NOTES: