

Milburn Orchards – Application of Employment

Personal Information

Date Received: _____ By: _____

Name: _____ Date of Birthday: _____ Age: _____

Full Address: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Referred By: _____

Do you have your "OWN" Transportation? Yes No Explain _____

Any physical reason you cannot lift? Yes No _____

Any Allergies? *Specifically Bees?* Yes No _____

Is there any days you cannot work? Yes No _____

In Case of Emergency

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Applying For *Check All that Apply*

Cashier – Farm Market

Bakery Help

Tractor Driver

Group Tour Guides

Weekend/Seasonal

Other, _____

Education

Name of School: _____ Currently Attending? Yes No

Years Completed: _____ Graduate? Yes No

Employment Experience *List your most recent work experience first*

Employer: _____ Phone: _____ Ok to Contact: Yes No

Full Address: _____

Date Started: _____ Date Ended: _____ Person to Contact: _____

Reason for Leaving: _____

Employer: _____ Phone: _____ Ok to Contact: Yes No

Full Address: _____

Date Started: _____ Date Ended: _____ Person to Contact: _____

Reason for Leaving: _____

Personal References *People to speak on your behalf about your character and/or performance*

Name: _____ Phone: _____ Relationship: _____

Full Address: _____

Name: _____ Phone: _____ Relationship: _____

Full Address: _____

For Official Use

Date of Interview: _____ Time: _____

Comments: _____

Date Hired: _____ Starting Pay: _____ Ending Pay: _____ Last Day: _____

Comments: _____

