Application For Employment At Heidi's Farmstand LLC

Heidi's Farmstand LLC heidisfarmstand@gmail.com (616) 897-6707 11999 Cascade Rd SE Lowell, MI 49331 Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

| Personal Information | | | | | | | | | | | |
|--|----------|----------|---------------|---|----------|-------------------------|----|--------|--------|----|--------|
| Name | | | | | | | | | | | |
| Address | | | | City | | State | | | Zip | | |
| Phone Number Mobile Number | | | Email Address | | | | | | | | |
| Are You A U.S. Citizen? Yes No | | | | Have You Ever Been Convicted Of A Felony? Yes □ No □ | | | | | | | |
| | | mber? | | | | | | | | | |
| Valid Social security number? Yes □ No □ Birthdate | | | | | | | | | | | |
| Positi | on | | | | | | | | | | |
| Position You Are Applying For □Bakery (3am-10am) □Greenhouse Manager □Retail □Field/Farm | | | | | | Available Start Date | | | | | |
| Employment Desired □ Full Time □ Part Time | | | | | | | | | | | |
| Shift A | Availabi | lity | | | | | | | | | |
| | Monda | у | Tuesday | W | ednesday | Thursda | ау | Friday | Saturd | ay | Sunday |
| From | | | | | | | | | | | |
| То | | | | | | | | | | | |
| Educa | ation | | | | | | | | | | |
| School Name | | Location | | Years Attended | | Degree Received | | | Major | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| References | | | | | | | | | | | |
| Name | | | | Title | | Company or Relationship | | | Phone | | |
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| Employment History | | | | | | | | |
|---|--|------------|--------------------|--|--|--|--|--|
| Employer (1) | Job Title | | Dates Employed | | | | | |
| Responsibilities | 1 | | | | | | | |
| Work Phone | May we contact your former supervisor? | YES - NO - | Ending Pay Rate | | | | | |
| Address | City | State | Zip | | | | | |
| Employer (2) | Job Title | | Dates Employed | | | | | |
| Responsibilities | | | | | | | | |
| Work Phone | May we contact your former supervisor? | YES □ NO □ | Ending Pay Rate | | | | | |
| Address | City | State | Zip | | | | | |
| Employer (3) | Job Title | | Dates Employed | | | | | |
| Responsibilities | | | | | | | | |
| Work Phone | May we contact your former supervisor? | YES NO | Ending Pay Rate | | | | | |
| Address | City | State | Zip | | | | | |
| Skills: Please list any skills applicable to position | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signature Disclaimer | | | | | | | | |
| I certify that my answers are true and complete If this application leads to employment, I undo may result in my release. | | | ation or interview | | | | | |
| Name (Please Print) | Signature | | | | | | | |
| Date | | | | | | | | |