FISHKILL FARMS





SINCE 1913

Application for Employment

First Name			Last Name		Date of Birth (MM/DD/YY)		
Street Address			Town		State, Zip		
Phone Number		Email Address		Available Start Dat (MM/DD/YY)			
Please w	vrite in the h	ours when yo	ou are availa	ble to work or	each day of	the week.	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM TO							
	onal Backgı	round		<u> </u>	<u> </u>	l	1
			Y/N				
High School			Graduated	Year of Graduation			
			Y/N				
College De		egree Received?		Type of Degree			
Employ	ment Histo	ory (start wit	th most rec	ent)			
D1 C	·		D :		C	· , ».	
Place of Employment			Position		Supe	ervisor's Na	ame
Reason for Leaving					Supervisor's Phone Number		
Place of Employment		Position		Supervisor's Name			
Reason for Leaving					Supervisor'	s Phone N	umber

1.

2.

FISHKILL FARMS AMORET LABOR SINCE 1913

3.				
Place of Employment	Position	Supervisor's Name		
Reason for Leaving	Supervisor's Phone Number			
4.				
Place of Employment	Position	Supervisor's Name		
Reason for Leaving		Supervisor's Phone Number		

How did you hear about us?

Why do you want to work for Fishkill Farms?

Please list any relevant skills, hobbies, and/or interests: