Employment Application

Lilipidy	ment Application				
Date:					
Name:					
Address:					
State/Province:					
Zip/Postal Code:					
Home Phone:					
Cell Phone:					
Positions Applied	for:				
Salary Desired:					
Hours Available to	Work:				
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					
Full-Time	part-time Full or part-time				
When available to begin work?					



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Education

Type of School	Name of School and Con	nplete Mailing Address	No. Years Completed	Major or Degree			
High School							
College Bus. or Trade School							
Professional School							
Other							
Have you ever been convicted of a crime: yes no If yes, please explain							
Do you have a drivers license? yes no							
State of issue:							
Have you had any accid	dents in the past 3 years?	○ yes ○ no	How many?				
Do you had any movin	g violations in the past 3 years?	○ yes ○ no	How many?				

Previous Employment (list up to 3)

1.					
Name of Employer:					
Name of last supervisor:					
Dates of employment:					
From:	То:				
Salary:					
From:	То:				
Complete Address:					
Phone #:					
Last job title:					
Reason for Leaving (be spe	cific):				
List the jobs you held, dution	es performed, skills used or learned, advancements, or promotions while you worked at this company:				
May we contact your emplo	oyer: Oyes Ono				
2.					
Name of Employer:					
Name of last supervisor:					
Dates of employment:					
From:	То:				
Salary:					
From:	То:				
Complete Address:					
Phone #:					
Last job title:					
Reason for Leaving (be specific):					
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:					
May we contact your employer: yes no					

3.				
Name of Employer:				
Name of last superviso	or:			
Dates of employment:				
From:	То:			
Salary:				
From:	То:			
Complete Address:				
Phone #:				
Last job title:				
Reason for Leaving (be	specific):			
List the jobs you held,	duties performed, skil	ls used or learned, adv	ancements,	or promotions while you worked at this company:
May we contact your e	mployer: () yes (no		
Skills:				
Typing:				
Computer: OPC	Mac Both	l		
Applications (list all th	at apply):			
Other Skills:				
	eterences of	ther than rela	itives a	and previous employers
Name				
Position				
Company				
Telephone				
Use this space to add a	ny additional informa	tion necessary to descr	ribe your ful	ll qualifications for the position which you are applying