

Linvilla Orchards Employment Application

Linvilla Orchards 137 West Knowlton Road Media PA 19063 610-876-7116 (P) 610-876-7116 (F) 610-876-7146 www.linvilla.com

Please print all responses. Date of Application: _____

Last	First	Middle	Email
_____	_____	_____	_____
Street		City	State Zip
_____		_____	_____
Primary Phone Number (best # to reach you)		Secondary phone #	Drivers License Number or State ID Number State Iss'd
_____		_____	_____

Emergency Contact Information

Who should be contacted in case of emergency?	How is this person related to you?	Primary Emergency Contact Phone #	Secondary Emergency Contact Phone #
_____	_____	_____	_____

If you are under 18 a work permit is required. Enter your date of birth only if you are under 18: _____/_____/_____

Proof of citizenship or immigration status is required for employment. Are you legally eligible to work in this country? **Yes** **No**

In which department would you like to work? Number in order of preference. **What would you like to do?** Circle all that apply.

Market #	Bakery #	Pumpkinland/#	Farm #	Foodservice #	Swim Clubs #	Other #
Produce	Counter Help	Garden Center	Pick Your Own Cashier	SwimClubs Grill	HHSC KSC	Tour Guide
Gourmet	Prep	Plants	Fishing Help	Cook Cook	Lifeguard Lifeguard	Hayride Driver
Cashier	Baker	Toys	Farm Laborer	Cashier Cashier	Office Office	Maintenance
Bagger		Cashier	Equipment Operator	Water Ice Scooper Runner		
Custodial		Bagger				

List any certifications/skills/experiences/courses that would be applicable to the position for which you are applying?
 (Lifeguard, CPR, Safe Serve, Forklift Certification)

List any machines that you can operate: _____

Describe any special courses, seminars, activities, scholastic awards or apprenticeships: _____

Have you previously been employed by any Linvilla Orchards department? **Yes** **No** When? _____

If yes, in which department? _____ Who was your supervisor? _____

Do you have friends or relatives currently or previously employed by Linvilla Orchards? **Yes** **No**

If yes, list name: _____ Department: _____ Year(s)? _____

Type of employment desired (circle all that apply): Full Time Part-Time Temporary Seasonal

Have you ever worked in retail?	Yes	No	Have you ever been a cashier?	Yes	No
Are you available to work in the fall?	Yes	No	Are you interested in working <u>only</u> in the summer?	Yes	No
Are you willing to work weekends?	Yes	No	Are you willing to work holidays?	Yes	No
Date you are available to start: _____/_____/_____			If you are a student, can you work after school?	Yes	No

Please list all available hours below (this is not your schedule and you will not be expected to work all of the hours listed):

Hours available:	Mon	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	How did you hear about working at Linvilla? _____ _____ _____ Facebook P&P Linvilla.com Referral
Time you are available to start:								
Time you need to finish:								

Type of School	Name of School Attended	City	State	Did You Graduate?	Most recent year <u>completed</u>	Are you attending school now?
High School				Yes___No___	9 10 11 12	Yes No
College				Yes___No___	Major: _____	
Graduate School				Yes___No___		Date you will complete this semester: _____/_____/_____
Other				Yes___No___		

Employment History		Please list your last three employers, starting with the most recent. Include any period of unemployment, self-employment, part-time or temporary work. Please indicate if you were employed under a different name.	
Start Date	Ending Date	Employer	Telephone
			- -
Job Title		Address	
Name of your Immediate Supervisor		Summarize nature of work performed and job responsibilities	
Reason for leaving?		List Hourly Rate/ Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
Start Date	Ending Date	Employer	Telephone
			- -
Job Title		Address	
Name of your Immediate Supervisor		Summarize nature of work performed and job responsibilities	
Reason for leaving?		List Hourly Rate/ Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
Start Date	Ending Date	Employer	Telephone
			- -
Job Title		Address	
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Reason for leaving?		List Hourly Rate/ Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

Military Service? Branch of Military Service: _____ Highest Rank _____ Years Served _____

List any employers that you **do not** want us to contact: _____

Were you ever discharged by any company? Yes No If yes, give the name of the company _____

*If yes, please explain _____
(The existence of a criminal conviction does not constitute an automatic bar to employment and factors such as seriousness of the crime and any rehabilitation will be taken into account.)

Personal References- Name	Telephone	Years Known

Do you have any physical limitations that preclude you from performing any of the work for which you are being considered? Yes No If yes, what can be done to accommodate your limitation? _____

APPLICANT PLEASE READ THE STATEMENTS BELOW

In consideration of my employment, I agree to follow the rules and regulations of Linvilla Orchards: I understand that my employment and compensation can be terminated with or without cause, and without prior notice at any time by the Linvilla Orchards or at my own option. I agree that all information I obtain about the Company, its business and inventions will be maintained in confidence by me and will not be disclosed to third parties.

I declare that my answers to the questions of this application are true, and I give Linvilla Orchards the right to investigate all statements and secure additional information, if desirable, including criminal and other reports from federal, state, and local agencies. I authorize, without reservation, any party contacted to furnish such information, and hereby release from all liability and responsibility all persons, companies or corporations furnishing any such information. I understand that any incomplete or false information contained in this application could result in the termination of my employment. If hired, I agree that my continued employment is subject to the review and further approval of my application package by Linvilla Orchards.

Linvilla Orchards is an equal opportunity employer. The Civil Rights Acts of 1964 and 1991, the Americans with Disabilities Act, and State and Local laws prohibit discrimination on the basis of race, color, religion, sex, national origin, or disability. In addition, the Age Discrimination in Employment Act of 1978 and some State and Local laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is our policy to comply fully with these Acts and information requested on this application will not be used for any purpose prohibited by law.

Signature

_____/_____/_____
Date

LINVILLA ORCHARDS

Applicant's Name _____ Date ____/____/2018 # _____

Thank you for applying to work at Linvilla Orchards! We receive hundreds of applications every year. Every Linvilla employee starts out as a seasonal employee, how long the season lasts depends on the department and position.

We will review your application and contact you only if we have a position for you or we would like you return for a follow up interview. We keep all applications on file and review them as positions become available.

PLEASE DO NOT CALL US, we'll call you if we have a position for which you are being considered.

Please list the best number for us to reach you here: _____

Are you able to work every Saturday & Sunday? **Yes or No**

Are you able to work every weekday? **Yes or No**

How many days per week do you want to work? **2 3 4 5 as many as possible**

How many hours per day do you want to work? **4 6 8 as many as possible**

Are there any days of the week you are NOT available at ALL? **M T W T F S S**

Are you willing to work overtime? **Yes or No**

Are there any days or times (other than you've listed above, such as vacations, family commitments, weddings, concerts, SAT's, PSSA's, homecoming or appointments) that you are unable to work in the coming months?

Yes or No If so, please list dates **NOT** available: _____

PLEASE MARK THE WEEKDAYS/WEEKENDS YOU CAN WORK:

WEEKDAYS (Monday thru Friday)

WEEKENDS (Saturday & Sunday)

SEPT. 9 - 13

OCT. 7 - 11

SEPT. 7 & 8

*OCT. 12 & 13

SEPT. 16 - 20

OCT. 14 - 18

SEPT. 14 & 15

*OCT. 19 & 20

SEPT. 23 - 27

OCT. 21 - 25

SEPT. 21 & 22

*OCT. 26 & 27

SEPT. 30 - OCT.1

OCT 28 - NOV. 1

SEPT. 28 & 29

NOV. 2 & 3

OCT. 5 & 6

I _____ (Print Name), can make a commitment to work **every** Saturday and **every** Sunday in the months of September and October.

Are you willing to remove your jewelry/piercing? **Yes or No**

How are going to get to work? **Drive Bus Ride Bike Walk Get ride with Mom/Dad Other:** _____

Do you drive? **Yes or No**

If you applying for a position that requires you to drive for us, such as a hayride driver, do you:

A. Have a clean driver's license: **Yes or No**

B. Have points or moving violations in PA or anywhere else? **Yes or No**

Why? _____

C. For customer safety will you allow us to run a background check from Department of Motor Vehicles? **Yes or No**

Signature _____ Date _____