

LAST NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

E-MAIL \_\_\_\_\_



***The Educational Farm at Joppa Hill***  
**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

**Employment Desired**

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
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Are you employed now? YES  NO  If so may we contact your present employer? YES  NO

**Personal Information**

Last Name	First Name	Middle Name
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Address (number, Street, City, State, Zip Code)

Social Security Number	Home Telephone Number	Age if under 18
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**Education**

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

**General**

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

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## Employment History (list Present or Most Recent Positions First)

Name of Employer	Address (Number, Street, City, State, Zip Code)
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
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Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
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Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
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Reason for Leaving

On the back of the page, please add any additional information you feel may be helpful to us in considering your application.

<b>I certify that the information provided is true and correct.</b>	<b>Signature</b> _____
<b>Signature of Parent or Guardian (if applicant is under 18) :</b>	_____
	<b>Date</b> _____
<b>Please send completed job application to:</b> The Educational Farm at Joppa Hill, 174 Joppa Hill Road, Bedford New Hampshire 031 10	