



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
Address (number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Age if under 18

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

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.

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