



10539 Kennedy Rd.
Unionville, Ontario
L6C 1N8
(905) 887-1087



2009 INC.

**APPLICATION FORM
FARM EDUCATOR**

Date _____

Name _____

Address _____

Postal Code _____

Phone Number (_____) _____

Education

Secondary School graduate? Yes No (last grade completed) _____

Post Secondary (course major, degrees/diplomas, certificates completed) _____

Employment History (last job)

Company Name _____

Job Responsibilities _____

Supervisor _____ Phone Number _____

Dates Employed _____ Final Salary _____

Reason for leaving _____

Volunteer History (involving working with the public)

Activities, Responsibilities and Dates _____

Availability (hours required – weekends and holidays 9 am till ~ 3 pm)

I am willing to work Saturday Sunday either day is fine

I would also be interested in working as a school tour instructor

Hours Available Monday Tuesday Wednesday Thursday Friday

From (am/pm) _____

To (am/pm) _____

I would like to work _____ days per week and have _____ hours per week

Personal

Tell us about your interests and activities. What special skills and/or qualifications do you have that would be useful on the farm and in working with the public?

Why would you like to work for us?

Bees and insects are a natural occurrence on the farm. Do you have any allergies or other health concerns we should be aware of?

Do you have a current police check? Yes, dated _____ no

References (teachers/organizations you've worked/volunteered with)

Name _____
Address _____
Phone Number (____) _____ best time to reach them? _____
Relationship to person _____

Name _____
Address _____
Phone Number (____) _____ best time to reach them? _____
Relationship to person _____

I understand this job can be physically and mentally challenging involving some lifting, working with the farm animals and a lot of walking.

I authorize Forsythe Family Farms 2009 Inc. to contact persons and/or organizations named here for the purpose of evaluating my application for employment. I agree that any misrepresentation on this form may be cause for refusing to employ me or dismissal.

Signature and Date _____

To be completed upon acceptance of job offer.

Date of Birth _____ Date of Hire _____

Wage _____ SIN _____

Emergency contact: Name _____
Phone # _____