



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



2009 Inc. APPLICATION FOR EMPLOYMENT

Type of work desired: _____ Date _____

Name _____

Address _____

City _____ Postal Code _____

Phone Number _____

Education

Secondary School (check last grade completed) 9 10 11 12

Post Secondary (course major, years completed) _____

School you are now attending _____

Employment History Will this be your first job? _____ If not, where did you work last?

Company Name _____ Dates employed _____

Job Responsibilities _____

Supervisor _____ Phone Number _____

Reason for leaving _____ Final Salary _____

Availability

Hours Available Mon Tues Wed Thurs Fri Sat Sun

From (am/pm) _____

To (am/pm) _____

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

Are you willing to work weekends? Yes No Occasionally

Personal

Tell us about your interests and activities. What special skills do you have? What other jobs/volunteer experience have you had that will benefit you here on the farm?

Why do you want to work for us? (List 10 reasons please)

Some tasks on the farm require you to lift 25 – 75 lbs. Is there any reason you may not be able to? _____

Bees and insects are a natural presence on the farm. Do you have any allergies we should be aware of? _____

Are you bondable? Yes No

If you are under 18 please complete this section

Birth Date _____

Name of Parent/Guardian _____

Phone Number () _____ Do they support your working? Yes No

References (please list a current teacher as a reference if this is your first job)

Name _____

Address _____

Phone Number () _____

Relationship to person _____

Name _____

Address _____

Phone Number () _____

Relationship to person _____

Name _____

Address _____

Phone Number () _____

Relationship to person _____

I understand that working on the farm may be physically and mentally challenging. I also understand personal cell phones are not to be used while I'm working, only on lunch and break-times.

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

Signature and Date _____

Personal Data to be completed after job offer has been accepted.

Date of Birth _____ Date of Hire _____

Wage _____ SIN _____

Emergency contact

Name and phone # _____