

## RAMSEYER FARMS

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## APPLICATION FOR EMPLOYMENT

PERSONAL INF	FORMATION - PLEASE PRINT	[			
Date:		Social Security Number:			
Name:					
	Last	First	M	Iiddle	
Address:	Street	City	State	Zip Co	ode
Home Telephone:		·	()	*	
Are you eligible fo	or employment in the USA? Yes_	No			
If you are not a U	S Citizen, enter the type of visa and	d number which verifies your righ	t to be employed in the Unit	ted States.	
Type of Visa	, Visa Number_	, Verified b	у	·	
Have you been co	onvicted of or pleaded no contest to	felony within the last five years?	Yes No		
If yes, please expl	ain:				
List Handicaps, H	lealth Problems, or Prior Work Inju	ries that should be considered in .	Job Placement:		
Valid License:	Yes No	_			
EDUCATION:					
	Name and Location	Related Courses Taken	1	Last Year Completed	Graduation Date
High School					
College/ University					
Trade School					
Other: Licenses Certifications:					

## PREVIOUS EMPLOYMENT - Begin with most recent position.

Date: month/year	Name, Address, and Phone Number of Previous Employer	Job title, Duties Preformed		Salary	Reason for leaving	
From:						
То:						
From:						
То:						
From:						
То:						
Are you curren	tly employed? Yes No	May we	contact your pres	ent employe	?? Yes	No
What date are y	ou available to start work?		_ What days/hou	rs are you av	ailable to wo	ork?
REFERENCE	S: List the names of three persons not rela	ted to you, whom	you have know	n at least th	ree years.	
Name	S: List the names of three persons not rela  Address and Phone Number	ted to you, whom	you have know Business	n at least th	ree years.	Years Acquainted
		ted to you, whom	<u> </u>	n at least th	ree years.	Years Acquainted
Name		ted to you, whom	<u> </u>	n at least th	ree years.	Years Acquainted
Name 1.		ted to you, whom	<u> </u>	n at least th	ree years.	Years Acquainted
Name 1. 2. 3.			Business			Years Acquainted
Name  1.  2.  3.  Who can we co	Address and Phone Number		Business			Years Acquainted
Name  1.  2.  3.  Who can we co Contact Phone:	Address and Phone Number  Ontact in case of emergency: Name:		Business			Years Acquainted
Name  1.  2.  3.  Who can we co Contact Phone: IMPORTANT I certify that all false information	Address and Phone Number  Ontact in case of emergency: Name:	cation and any oth	Business  er documents su byment application	bmitted are to	rue and com	uplete. I understand that