

## 15036 North Franklinville Rd Thurmont, MD 21788 Phone: (301) 271-2737 Catoctinmountainorchard.com

## Employment Application: Print, Complete, Drop off at Market or Email to Hbgala@aol.com

		Applica	Int Information	on	
Full Name:			Date:		
	Last	First		М.І.	
Address:					
	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:			Email		
Are you ove	r 16 years of age?	YES	NO □		
Position desired Stocker Cashier Cashier Cashier Cashier Cashier Education					
(Check all th					
		E	ducation		
High School	:	Current in Sc	Year hool:		
		2			
Do you Play	Fall Sports?	]			
College:		Current in Co			
			iiege		
Do you Play	Fall Sports?				
Are you ava	ilable to come home from col	llege on weeke	nds in Septemb	er and October to work?	?:
YES NO	)				
	]				
			eferences		
Please list t	wo personal references. (P	lease do not ir	nclude family m	nembers)	
Full Name:				Phone	
Full Name:				Phone	<u> </u>
Please list i	names of people you know	who are currei	nt or former en	nployees at Catoctin Mt	. Orchard.
Full Name:				Relationship	·
Full Name:				Relationship	

## Most Previous Employment

Company:Address:			Phone: Job Title:	
Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES	NO □		
Δvaila	ability			

Availability								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Hours								
Can you work weekends in September and October?						YES	NO	

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: