



Farm Market  
280 Chapel Heights Road  
Sewell, NJ 08080  
(856) 589-7090

**Application for Employment**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition.

**Please Print**

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source (circle one) Advertisement / Friend / Relative / Walk-In / Other

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Are you over the age of 18? \_\_\_Yes \_\_\_No

If employed, and you are under 18, can you furnish a work permit? \_\_\_Yes \_\_\_No

Have you filed an application here before? \_\_\_Yes \_\_\_No If yes, date of application: \_\_\_\_\_

Have you been employed here before? \_\_\_Yes \_\_\_No If yes, date of employment: \_\_\_\_\_

Are you employed now? \_\_\_Yes \_\_\_No May we contact your present employer? \_\_\_Yes \_\_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_Yes \_\_\_No  
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_Full Time \_\_\_Part Time \_\_\_Shift Work \_\_\_Temporary

Are you on a lay-off and subject to recall? \_\_\_Yes \_\_\_No

**Personal References:**

Please provide a name, address and phone number for three references who are NOT related to you and are NOT previous employers.

- 1.
- 2.
- 3.

**Employment History**

Start with your most recent or current job. Include military service assignments and volunteer activities.

Company Name	_____	Dates Employed <i>From</i> <i>To</i>	Duties Performed: _____
Phone Number	_____		
Address	_____	_____	_____
Job Title	_____	_____	_____
Supervisor	_____	_____	_____
Reason for Leaving	_____		
Company Name	_____	Dates Employed <i>From</i> <i>To</i>	_____
Phone Number	_____		
Address	_____	_____	_____
Job Title	_____	_____	_____
Supervisor	_____	_____	_____
Reason for Leaving	_____		
Company Name	_____	Dates Employed <i>From</i> <i>To</i>	_____
Phone Number	_____		
Address	_____	_____	_____
Job Title	_____	_____	_____
Supervisor	_____	_____	_____
Reason for Leaving	_____		

Special Skills and Qualifications: