

## A little drive for a whole lot of country! Forsythe Family Farms 2009 Inc 1025 Cragg Rd, Uxbridge, Ontario L9P 1R3

## **APPLICATION FORM**

Name					
Address			5		
	Postal Code				
Phone Number (ho	me)		(	(Cell Phone)	
Email address					
Education					
Secondary School	-		-		
Post Secondary (co	ourse major, o	degrees/diplo	mas, certificate	es completed)	
<b>Employment His</b> Company Name					
Job Responsibilities					
Supervisor					
Dates Employed					
Reason for leaving					
Volunteer Histo	orv (Includ	ing workin	na with child	ren)	
Activities, Respons					
<b>Availability (tour</b>					
Hours Available	<u>Monday</u>	Tuesday	Wednesday	Thursday	Friday
From (am/pm)					
Trom (am, pm)					
To (am/pm)					
I would like to wor	k _ days per	week and ha	ave	hours per we	ek
T am willing to w	ork wookor	nde ae a far	m oducator (C	am till a.2	nm)
I am willing to w					piii <i>)</i>

<b>Personal</b> Tell us about your interests and activities. What special skills and/or qualifications do you						
have that would be useful on the fa	arm and in working with children?					
Have you attended a tour on our fa	arm – If yes, describe your experience.					
Why would you like to work for us?	,					
Bees and insects are a natural occu	irrence on the farm. Do you have any allergies or other					
health concerns we should be awar	re of?					
Do you have a current police check	?					
References (teachers/organiza Name	tions you've worked/volunteered with)					
Address						
	best time to reach them?					
Relationship to person						
Name						
Name Address						
	best time to reach them?					
Relationship to person						
I understand this job can be ph	nysically and mentally challenging involving					
	farm animals and a lot of walking.					
, ,	2009 Inc. to contact persons and/or organizations					
	luating 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 acceptain	nce of job offer.					
Date of Birth	Date of Hire					
Wage	SIN					
Emergency contact: Name	Phone #					