Sissons' Pumpkin Patch, LLC 11244 Springfield Road Girard, PA 16417

Submit to:

info@sissonspumpkinpatch.com Fax (814) 922-7031

Application for Employment

Last Name	First		Middle	Date o	of Applicat	tion	
Street Address				Home	Telephon	e	
City, State, Zip Code				Cell To	elephone		
How will you get to wor	k?		If you are offe to begin work		oyment, wl	hen would you be available	
	FDII	CATIO					
Level Name and Location of School Diploma or				Atten	dance	Major	
Levei	Traine and Elecation of School		Degree (Credits Earned if No		To	1414)01	
High School			Degree)	Mo/Yr	Mo/Yr		
riigh School							
Trade/Collgee/Other							
	SKILLS AND Q	_					
worker, cashier, sales, cu	com employment or other experiences the stomer service, etc.	at may	be useful for the	е ромион	you are s	cennig, e.g., rood vervice	
	EMERGENCY CON	TACT	' INFORMA	TION			
Who should be contacted in the event of an emergency? Phone			Phone				
Relationship to you			Alternate Phone				
	REFE	REN	CES				
	references that are NOT related to you			revious su	pervisor.	If not applicable, list three	
•	ences that are not related to you.	1					
Name	Telephone				what capacity did this person observe you or ir work?		
		\perp					
**	OTHER IN		MATION				
If checked yes, please ex	victed or charged of a crime? Yes plain below.	No					
	ds currently employed at the 'Patch?'		Y	es	No		
Name of employe	,,						
What prompted your app (Please indicate name of	plication to Sissons' Pumpkin Patch, LLC ad/friend)	U?					

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EMI LOTMENT I						
List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.						
(1) Present/Most Recent Employer Telephone	Dates Employed					
	From To		Summarize the nature of the work			
	Mo/Yr	Mo/Yr	performed and job responsibilities.			
Address						
T-1, 77%).	I I a sa alsa E	Rate/Salary				
Job Title						
	Starting					
Immediate Supervisor and Title	\$	per				
Type of Employment Full Time Part Time	Hourly Rate/Salary					
Temporary Other	Final					
B (1i						
Reason for leaving or why you are considering leaving?	\$	per				
If currently employed, may we contact for reference? Yes No						
(2) Next Previous Employer Telephone	Dates Employed		Summarize the nature of the work			
	From	То	performed and job responsibilities.			
	Mo/Yr	Mo/Yr	perrormed and job reoponoremees			
Address						
Job Title	Hourly F	Rate/Salary				
	Starting					
Immediate Supervisor and Title	\$	per				
1	"	1				
Type of Employment Full Time Part Time	Hourly Rate					
Temporary Other		inal				
Reason for leaving?	\$	per				
		1				

PLEASE REVIEW APPLICATION CAREFULLY.

PLEASE READ THE FOLLOWING AND SIGN AND DATE THE APPLICATION IN THE SPACES PROVIDED BELOW.

I understand that employment by Sissons' Pumpkin Patch, LLC is "at will." This means that the employment relationship can be ended by me or by Sissons' Pumpkin Patch, LLC at any time for any reason with or without advanced notice and with or without cause. It also means that Sissons' Pumpkin Patch, LLC may revise and make exceptions to its practices, rules, procedures, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Sissons' Pumpkin Patch, LLC to continue to employ me in the future or for any specific term.

If employed by Sissons' Pumpkin Patch, LLC, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ	AND AGREE TO THE	ABOVE TERMS	AND CONDITIONS

Signature of Applicant Date
