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

Submit to:

info@sissonspumpkinpatch.com

Application for Employment

Last Name	First		Middle	Date o	f Applicat	ion
Street Address			Home	Home Telephone		
City, State, Zip Code				Cell To	Cell Telephone	
How will you get to wor	k?		If you are offe	red emplo	yment, wł	hen would you be available
			to begin work	?		,
EDUCATION						
Level	Name and Location of School	L	Diploma or	Attendance Dates		Major
		(Cred	Degree (Credits Earned if No		To	
II. 1 C 1 1		`	Degree)	From Mo/Yr	Mo/Yr	
High School						
Trade/Collgee/Other						
	SKILLS AND Q	UAL	IFICATION:	S		
List any skills acquired from employment or other experiences that may be useful for the position you are seeking, e.g., food service worker, cashier, sales, customer service, etc.						
	EMERGENCY CON	TAC	Γ INFORMA	TION		
Who should be contacted	d in the event of an emergency?		Phone			
Relationship to you Alterna		Alternate Phon	te Phone			
	REFE	REN	CES			
	x references that are NOT related to you ences that are not related to you.	, at leas	st one being a p	revious su	pervisor.	If not applicable, list three
Name	Telephone			what capacity did this person observe you or r work?		
OTHER INFORMATION						
Have you ever been convicted or charged of a crime? Yes No						
If checked yes, please explain below.						
Are any relatives or friends currently employed at the 'Patch?' Name of employee(s) Ye			es	No		
What prompted your ap	plication to Sissons' Pumpkin Patch, LLC	<u></u>				
(Please indicate name of ad/friend)						

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EMPLOYMENT F	HISTORY					
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	Summarize the nature of the work				
	From To	performed and job responsibilities.				
	Mo/Yr Mo/Yr	performed and job responsibilities.				
Address						
Job Title	Hourly Rate/Salary					
	Starting					
Immediate Supervisor and Title	\$ per					
Type of Employment Full Time Part Time	Hourly Rate/Salary					
Temporary Other	Final					
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 performed and job responsibilities.				
	From To Mo/Yr Mo/Yr					
Address	Mo/Yr Mo/Yr					
rudress						
Job Title	Hourly Rate/Salary					
	Starting					
Immediate Supervisor and Title	\$ per					
Type of Employment Full Time Part Time	Hourly Rate					
Temporary Other	Final					
Reason for leaving?	\$ per					

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