



## APPLICATION PACKET

Thank you for your interest in a position with Crown Orchard! Attached please find our application form. Please return the completed application to us via e-mail (Cynthia@CrownOrchard.com), fax (434-473-6667), mail (PO Box 299, Batesville VA 22924), or drop off during business hours.

### INFORMATION:

You must be at least 15 years old to apply for a job with us.

Anyone under the age of 16 will be required to furnish a Work Permit (application available at [http://www.doli.virginia.gov/laborlaw/employment\\_certificate\\_instructions.html](http://www.doli.virginia.gov/laborlaw/employment_certificate_instructions.html)). The work permit must be issued prior to the first day of work. This process can take up to 2 weeks; please plan ahead.

If you are under 18 and are hired by us, your parent/guardian will be required to sign our Parent Information Form.

All contact through the application process is done primarily by e-mail. Please check your e-mail regularly. Should you be hired, all work scheduling information is done via e-mail.

Please note: due to the high volume of applications we receive, we can only consider applications that are filled out completely. Failure to answer all the questions will result in your application being rejected.

If you have any questions while working on your application form, please contact us.

[Cynthia@CrownOrchard.com](mailto:Cynthia@CrownOrchard.com)

434-977-1833 (Carter Mountain)

434-823-1583 (Chiles Peach Orchard)

# Crown Orchard Company

## Seasonal Employment Application

Applying for Carter Mountain \_\_\_\_\_ Chiles Peach Orchard \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to start work: \_\_\_\_\_ Last Day Available to work: \_\_\_\_\_

How many hours per week are you available or looking to work: \_\_\_\_\_

### GENERAL AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<u>FROM</u>							
<u>TO</u>							

Are there any dates you are NOT available to work? Vacations, etc.? PLEASE BE SPECIFIC-

Wages Expected: \_\_\_\_\_

If you are under 16 and we require a work permit, can you furnish one? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you ever worked for this company? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, are you legally allowed to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have a valid driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

**EDUCATION**

Are you still enrolled? \_\_\_\_\_ If so, when does school start in the fall? \_\_\_\_\_

SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				
Please describe other training, seminars, coursework, etc. that applies to this job				

**WORK EXPERIENCE**

Please list all previous work experience, beginning with the most recent job held. Attach additional sheets as needed.

Name of Employer Address City/State/Zip Phone	Name of Supervisor	Employment Dates	Pay/Salary
		FROM: _____ TO: _____	START: _____ END: _____
Job Title:			
Responsibilities, Duties Performed, Skills Acquired, Promotions, etc			
REASON FOR LEAVING (be specific)	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?		

<b>Name of Employer</b> Address City/State/Zip Phone	<b><u>Name of Supervisor</u></b>	<b><u>Employment Dates</u></b> FROM: _____ TO: _____	<b><u>Pay/Salary</u></b> START: _____ END: _____
<b>Job Title:</b>			
<b>Responsibilities, Duties Performed, Skills Acquired, Promotions, etc</b>			
<b>REASON FOR LEAVING (be specific)</b>	<b>MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?</b>		

<b>Name of Employer</b> Address City/State/Zip Phone	<b><u>Name of Supervisor</u></b>	<b><u>Employment Dates</u></b> FROM: _____ TO: _____	<b><u>Pay/Salary</u></b> START: _____ END: _____
<b>Job Title:</b>			
<b>Responsibilities, Duties Performed, Skills Acquired, Promotions, etc</b>			
<b>REASON FOR LEAVING (be specific)</b>	<b>MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?</b>		

Please attach additional sheets with more employment history as necessary

### **GETTING TO KNOW YOU**

<b>SUMMARIZE YOUR SPECIAL SKILLS AND QUALIFICATIONS:</b>
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**DESCRIBE A GOOD CUSTOMER SERVICE EXPERIENCE YOU'VE HAD RECENTLY:**

**DESCRIBE A BAD CUSTOMER SERVICE EXPERIENCE YOU'VE RECENTLY HAD:**

**WHAT ARE YOU PASSIONATE ABOUT?**

**REFERENCES**

Please list at least 3 persons (NOT related to you) who have knowledge of your work performance and/or personal qualifications within the past 5 years.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_  
HOW DO YOU KNOW THIS REFERENCE?: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_  
HOW DO YOU KNOW THIS REFERENCE?: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
YEARS ACQUAINTED: \_\_\_\_\_  
HOW DO YOU KNOW THIS REFERENCE?: \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of  
Applicant:

\_\_\_\_\_ Date: \_\_\_\_\_