

Employment Application

An equal opportunity employer, City Farmers Market 2 Inc does not discriminate in hiring or terms and conditions of employment because of an individual's race, color, religion, gender, national origin, citizenship, age, disability, sexual orientation or marital status. City Farmers Market 2 Inc. only hires individuals authorized for employment in the United States.



FARMERS MARKET

Position Desired : _____
 Schedule Desired : Full Time Part Time
 Temporary / Seasonal
 Salary Expected : \$ _____ per _____
 Date Available : ____ / ____ / ____

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Are you authorized for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address			How long have you lived there? Yrs. _____ Mos. _____
	City	State	Zip
			How long did you live there? Yrs. _____ Mos. _____
Phone Number (Including Area Code)	Date of Birth	Social Security Number	If you are under the age of 18, please state your age :

EDUCATION				
Type of School	Name and Location of School	Degree / Area of Study	Number of Years	Graduated (Check One)
HIGH SCHOOL	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			
COLLEGE	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			
OTHER	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City			

EMPLOYMENT HISTORY					
List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. may we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> No					
Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Wages	Reason for Leaving
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
To : ____ / ____ / ____ Mo. Yr.	Address	Supervisor		Final	
From : ____ / ____ / ____ Mo. Yr.	Name	Your Job Title		Starting	
To : ____ / ____ / ____ Mo. Yr.	Address	Supervisor		Final	

PERSON TO CONTACT IN CASE OF EMERGENCY			
Full Name	Address	Phone	Relationship to you?

OFFICIAL ONLY
DATE :

CITY FARMERS MARKET 2, INC.
3317 Buford Hwy NE, Brookhaven, GA 30329

TEL : 404 - 458-4767