

**Sweet Greens Farm LLC**  
**Employment Application**

Submit completed application as a PDF file to [sweetgreensfarm@gmail.com](mailto:sweetgreensfarm@gmail.com) along with a copy of your resume. Use additional pages if necessary.

Today's Date:

Full Name:

Mailing Address:

Phone Number:

E-mail:

Are you 18 years of age or older? Yes/No

Are you eligible to work in the United States? Yes/No

Do you have reliable transportation and a current driver's license? Yes/No

1. Which position are you applying for?
2. Why do you want to work at Sweet Greens Farm?

3. Do you live locally? If not, what are your plans for relocating? We have housing available to rent for full time employees. Are you interested in this housing opportunity?
4. When could you start work? How long are you looking for employment?
5. How many hours per week do you want to work? Are there any days of the week you are unable to work?

6. Are there any dates during the season you will not be able to work? Do you have any vacations planned?
7. Where did you hear about employment opportunities at Sweet Greens Farm?
8. Are you able to comfortably lift at least 50 pounds, bend, kneel, squat, stand, snip and perform repetitive tasks for long periods of time?
9. Do you have any physical or mental health conditions, recurring injuries, accidents or anything else that would limit your ability to perform strenuous physical labor? Please list all of them below.
10. Describe any previous farming, floristry or design experience.
11. Do you have any skills that compliment farming?
12. What do you plan to do in the next five years?
13. What do you think will be the most challenging aspect of working at Sweet Greens Farm?

14. Please provide the following information for your three most recent employers:

Business Name:  
Supervisor's Name:  
City, State:  
Phone number:  
E-mail:  
Your job title:  
Starting & Ending dates:  
Reason for leaving:

Business Name:  
Supervisor's Name:  
City, State:  
Phone number:  
E-mail:  
Your job title:  
Starting & Ending dates:  
Reason for leaving:

Business Name:  
Supervisor's Name:  
City, State:  
Phone number:  
E-mail:  
Your job title:  
Starting & Ending dates:  
Reason for leaving:

13. Please provide the following information for three professional references, if different from recent employers listed above:

Name:  
Job Title:  
Business name:  
Phone number:  
Email:

Name:  
Job Title:  
Business name:  
Phone number:  
Email:

Name:  
Job Title:  
Business name:  
Phone number:  
Email:

By signing below I certify all information I have provided in this application is complete and true to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_