

Employment Application

Applications will remain on file in the Homestead office.
All applicants will be considered when filling a position.
Thank you for your interest in Homestead.



THE HOMESTEAD

WWW.HOMESTEADBUTTERY.COM

Applicant's Full Name _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____

Age _____ **DOB** _____ **Social Security Number** _____

Homestead Location Of Interest: Remington, IN West Lafayette, IN

Position Of Interest _____

Available Part-Time Available Full-Time No Preference Either Way

Would you be available occasionally on a Saturday? Yes No

Do you have interest in assisting in the Homestead booth at area festivals? _____

Have you ever been convicted of a felony? Yes _____ No

Special Skills and Qualifications

Summarize special job-related skills, qualifications, or any other information that you feel may help us in considering your application _____

Bakery and/or Catering Experience _____

- Cookies
- Yeast Breads & Rolls
- Pies
- Muffins & Quick Breads
- Other _____

Educational Background

High School Name & Location _____ Years Completed _____

College Name & Location _____ Years Completed _____

Course of Study _____

Current Educational Degree(s) _____

Previous Employment...Start with your present or last job.

Employer _____ Phone Number _____

Address _____

Job Title or Position _____

Supervisor _____ Supervisor's Phone _____

Dates Employed: From _____ to _____ Hourly Pay _____

Reason for Leaving this job _____

Employer _____ Phone Number _____

Address _____

Job Title or Position _____

Supervisor _____ Supervisor's Phone _____

Dates Employed: From _____ to _____ Hourly Pay _____

Reason for Leaving this job _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer, including the health department regulations for food service employees.

Signature Of Applicant _____

Printed Name _____

Date _____