

Riley's Farm Colonial Chesterfield Application

Name (Last , First)			
Street Address	City	State	Zip
Cell #	Cell Carrier (Verizon,AT&T)	Email	

Departmental

Availability

Desired position (Circle all that apply) 1. Living History 2. Baker 3. Line Cook 4. Parking 5. Cashier 6. Dish Washer 7. Orchard Patrol		Days available (Circle all that apply) indicate AM or PM or ALL Mon Tue Wed Thu Fri Sat <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> </table>									
Are you currently employed?	Available Start Date	Open to minimum wage?	Have you ever served in the US Military?								
Yes No		Yes No	Yes No								

Education

School Name	Location	Major/Area(s) of Study	Degree

Special Skill or Training (Food handlers, certifications CPR First Aid)

School Name or Program	Location	Skills or Trade

Work History

Company Name	Location	Phone
Title of Position Held	Starting date	Ending Date
Supervisor/Manager Name		
Reason for leaving	Are you eligible for rehire? If " No" please explain at time of interview	

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Were you referred by a Riley's Farm employee? Yes No Employee Name: _____

Emergency Contact

Please list the name and phone number of who to contact in case of an emergency

Name	Relation	Phone Number
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Drug Screen Release Authorization

I understand that any offer of employment by Riley's Farm is conditional upon my submitting to and passing a drug test. I hereby consent to submitting to any such post-offer test, and I authorize the doctor(s) or clinic(s) designated by Riley's Farm to release the results of such test to Riley's Farm.

I agree to hold harmless all parties involved in said screening. I agree not to take any legal action against, nor hold Riley's Farm or their clients responsible for any alleged harm to me, including, but not limited to: preventing me from obtaining any form of employment or continuing employment for not submitting to the tests or as a result of the report from the tests. This includes possible clerical or laboratory error.

I understand that while employed by Riley's Farm I may be required to submit to a drug test whenever reasonable suspicion exists that I may be under the influence of drugs, alcohol or any other substance, and I hereby consent to submitting to such a test. Without limiting in any way the range of factors, events or situations that might constitute such reasonable suspicion, I understand and agree that my being involved in any workplace accident or injury that Riley's Farm cannot promptly and reasonably conclude was not in any way attributable to the use of alcohol, drugs or any illegal or controlled substance will constitute reasonable suspicion.

Print Name Signature Date

Authorization of Release for Media

If and when employed with or by Riley's Farm, I willingly grant Riley's Farm the right to use my image and/or voice in video, film, and/or still photography for marketing purposes without compensation specific to the use of said image.

Print Name Signature Date

Food Handlers Card

If and when employed with or by Riley's Farm, I will obtain and keep an up to date food handlers card from the country of San Bernardino.

Print Name Signature Date

County	State

3/5/2020