

Farming Apprenticeship Application

Email completed application to michael@indianacommunity.org



Date:

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Email:

Home Phone:

Cell Phone:

Emergency Contact Person and Phone:

Living Roots
5907 W. County Road 375 South
French Lick, IN

47432
Phone: 812-727-5444
www.indianacommunity.org

Please explain why you would like to be a farm/garden apprentice at Living Roots?

What specific experience, formal or informal, do you have with farming/gardening?

Which Session Would You Like To Attend? (Put Order by Placing 1, 2, or 3 next to each session)

Spring

Winter

Summer

All Sessions

Fall

Do you need housing?

Applying For Leadership Position?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed/Date	Major or Degree/GPA
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: yes no
If yes, please explain

(Criminal Background Check will be run once accepted)

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Hobbies/
Passions:

List any
Allergies (Food
or
Environmental)

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: