

## Sunscape Farms Employment Guidelines

Thank you for your interest in joining the team here at Sunscape Farms! Please read the following guidelines to understand what your general role and our general expectations would be if you were hired.

### General Requirements

We are looking for both full-time and part-time employees with the following qualities:

- ✓ Responsible and Productive
- ✓ Able to work well in a group
- ✓ Able to lift up to 30 lb
- ✓ No major allergies.
- ✓ Able to withstand intense weather conditions

### Job Descriptions

- ✓ **Field Help:** 20% planting, 15% weed management, 20% harvesting, 25% washing and packing, 20% miscellaneous farm-related work
- ✓ **Harvest Help:** 100% harvesting and packing
- ✓ **CSA Help:** 100% sorting, packing and loading
- ✓ **Sales:** 50% Cashier work, 25% stocking, 25% misc tasks
- ✓ **Maintenance:** 75% cleaning and organizing, 25% assembling packaging

### Application/Hiring Details

- ✓ **Application Details:** Please include a short paragraph with your application that tells a bit about you and what you believe your strong points/special skills might be.
- ✓ **Pay Rate:** Your pay rate will depend on your skillset and level of experience.
- ✓ **Application Process:** We will review your application and contact you, set up an interview, and schedule a paid trial week of work if we believe you would be a good fit for our team. After completing these requirements and all necessary documentation, you will be eligible for employment.
- ✓ **Questions?** Contact us at [nate@sunscapefarms.com](mailto:nate@sunscapefarms.com).

# Sunscape Farms Employment Application Form

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at current address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_\_YES \_\_\_\_NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. Proof of eligibility will be required if hired.

Position applied for (1)Sales                      (2) Production  
 and wage desired : \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     TEMPORARY/CONTRACT

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?     No     Yes    (A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? Name \_\_\_\_\_

UNDER NYS LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, OR PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes    No

ARE YOU NOW A MEMBER in the ARMED FORCES?       Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer?       Yes    No

Did you complete this application yourself    Yes    No   If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation \_\_\_\_ Yes \_\_\_\_ No.

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**PLEASE READ CAREFULLY**

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business. Please email [Nate@sunscapefarms.com](mailto:Nate@sunscapefarms.com) with any questions or comments.

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**Applicant Signature**

**Print**

**Date**

