

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

Personal Information

Name (First)	(Middle)	(Last)	(Nickname)	Social Security No.
Address		City	State	Zip
Home Phone		Cell Phone	Text? yes___ no___	Birthdate

Employment

Are you Employed Now?	If so, may we inquire with your Employer?	Employer Name & Number
Ever applied with Seward Farms before? yes_____ no_____	Ever worked for Seward Farms before? yes_____ no_____	
How did you hear we were hiring?		
What is your work schedule if employed elsewhere?		

Education

High School	Schedule
College	Schedule
Trade School	Schedule

Tell us a little more about you!

School name/grade

Favorite subject or Major

School clubs, interests and activities you're involved in:

Household family member's names:

Common interests they share with you.

Dad/Husband _____

Mom/Wife _____

Siblings/Children _____

Please answer the following survey questions so we can... "Get to know" you a little better.

1. Tell me about a time when you had to deal with someone that was really unhappy or angry with you. How did you handle the situation and what was the outcome?

2. Tell me about a time that you saw something that needed to be done and you did it without being told to do it.

3. Tell us about an experience that you had at Seward Farms Maze. If you have not been here tell us something that you have heard about us.

4. What skills do you have that will help qualify you for a position at Seward Farms Maze? Tell us specifically if you have a Food Handlers Certificate, experience working in food establishments or concessions, operating heavy equipment, supervising children, face painting, acting, entertaining, or any other special talent that would make you an asset to Seward Farms Maze.

5. Our season this year will be from September 27, 2014 to November 1, 2014. What is your level of commitment toward working at Seward Farms Maze for our entire season? Explain.

6. Where do you see yourself working at Seward Farms Maze?

	No Way	Not Sure	Probably	Definitely
Maze (inside Cornfield)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cow Train/Hay Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn Cannons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping Pillow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticket Booth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Costume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Where would you feel most comfortable working?

	Very Uncomfortable				Totally Comfortable			
Behind the scenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertaining/Performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain. _____

8. If you are a student what fall activities are you involved in?

- Football Band Cheerleading
 Babysitting Drama None

Other. _____

9. How would you rate your attendance either at school or at your previous jobs?

Perfect

Average

Poor

10. Please list below any dates that you know you will need off.

11. Additional Comments you would like us to know about you?

12. Tell us about things or experiences that give you happiness. Check each item in the column which describes how much pleasure you receive.

	none	a little	fair amt	a lot	very much
1. Spending time on hobbies (list specific hobbies)					
a.					
b.					
2. Playing sports (which ones)					
a.					
b.					
3. Watching Sports (which ones)					
a.					
b.					

	none	a little	fair amt	a lot	very much
4. Listening to music (list specific kind)					
a.					
b.					
5. Reading / Learning (What interests you?)					
a.					
b.					
6. Watching movies (What types)					
a.					
b.					
7. Watching TV (Which shows)					
a.					
b.					
8. Attending parties (What type of themes)					
a.					
b.					
9. Solving problems					
10. Completing challenges					
11. Shopping					
12. Dancing					
13. Playing a musical instrument					
14. Singing					
15. Playing cards					
16. Socializing around other people					
17. Involvement in church					
18. Writing					
19. Organizing events, parties and sport teams					
20. Cooking					
21. OTHER (please list)					
a.					
b.					
c.					

THANK YOU!