

2020  
Johansen Farms  
Fall Festival/Children's Zoo  
Employment Application

Work & Application drop off location:  
710 W Boughton Rd, Bolingbrook IL Phone # 630-759-8711

(No fax or email applications will be accepted)

We are an equal opportunity employer, dedicated to a policy of non-discrimination of employment on any basis including race, color age, sex, religion, or national origin.

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Personal Information:

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Phone #\_\_\_\_\_ Alternate Phone#\_\_\_\_\_

Are you 18 or over? YES\_\_\_\_\_ NO\_\_\_\_\_ Are you under 16? YES\_\_\_\_\_ NO\_\_\_\_\_

School you are enrolled at:\_\_\_\_\_ Grade Level\_\_\_\_\_

Have you worked here before? YES\_\_\_\_\_ NO\_\_\_\_\_ If YES, SPRING or FALL of what year\_\_\_\_\_ (circle spring or fall)

Referred by:\_\_\_\_\_

How did you hear we were hiring:\_\_\_\_\_

**Our Fall Festival/Children's Zoo is open from September 15<sup>th</sup>- October 31<sup>st</sup>**

**Note: First consideration will be given to applicants that have ANY availability.**

**We are open daily, 9am to 7pm - What is your availability?**

Saturday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Sunday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Monday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Tuesday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Wednesday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Thursday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Friday (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Columbus Day Monday October 12<sup>th</sup> (circle) ANY OR \_\_\_\_\_ TO \_\_\_\_\_

Do you currently work somewhere else? Yes\_\_\_\_\_ No\_\_\_\_\_ May we inquire? Yes  No

Where \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

If so, list days and hours you work:

\_\_\_\_\_

Are there any dates during our season that you can't work (i.e. ACT, Dr. appt, out of town etc) - these dates must be disclosed and requested at time of hire to be considered for time off:

\_\_\_\_\_

Starting pay is \$10 per hour for seasonal employment

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**Former Employers:**

Name of Employer \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Name of Employer \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

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