

# 2021 Johansen Farms Fall Festival/Children's Zoo

## Employment Application

Work & Application drop off location:  
710 W Boughton Rd, Bolingbrook IL - 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.

### 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 15th- 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 11th (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:

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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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