Eden Corn Festival, Inc.
Employment Application

Name

Last, First, Middle

Address

Number Street

City State Zip

Telephone (Home) Telephone (Cell)

Telephone (Work) Email Address

Are you at least eighteen years of age? Yes ☐ No ☐

If Not, are you ☐ under 16 or 16- 17? ☐

Have you ever worked for the Eden Corn Festival, Inc. previously? Yes ☐ No ☐

If so, what Year(s)? _____ hat Position: _____

Education Name of School Highest Grade Completed

High School

College

Other

Availability; **N: Not Available** **Y: Available**

Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
7am-12 noon							
1 pm - midnight							

References (Not Relatives)

1.)
Name Address Occupation Phone Number

2.)
Name Address Occupation Phone Number

I hereby represent that each answer to every question and all other information is true and Correct. I understand that the Eden Corn Festival, Inc has the right to terminate my

Employment at any time for any reason: _____

Signature of Applicant

Please mail completed application to:

Eden Corn Festival, Inc.
P.O. Box 86
Eden, NY 14057
Attention: Employment Chairman