

Historic Hawes Farm MAiZE

Employment Application

FULL NAME: _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE#: _____ CELL PHONE#: _____

DATE OF BIRTH: _____ Email: _____

REFERENCES: Please list ADULT references ONLY. Please DO NOT list immediate family members.

NAME

PHONE #

1. _____
2. _____
3. _____
4. _____

Please list previous work/volunteer experience:
Why do you want to be a part of our maze team?

In your opinion, what makes a great team player?

What hours/days are you available to work?

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

AREAS OF INTEREST (YOU MAY CHECK MORE THAN ONE)

CUSTOMER SERVICE: _____

TICKET BOOTH: _____

MAINTENANCE: _____

HAUNTED ACTORS: _____

FOOD SERVICE: _____

??? _____

Mail this completed form to:

Historic Hawes Farms
21923 Dersch Rd.
Anderson, CA 96007

or fax to: 530.365.6313