

Community Supported Garden at La Vista Application for Apprenticeship

Date: _____

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Social Security Number: _____

Are you over 18 years of age? _____

Have you ever been convicted of a felony? If so, explain: _____

*This position **does not** require previous farming experience, but please briefly answer the following questions (answer on separate sheets if you need more space):*

**Do you have any experience in Organic Farming or Gardening?
What has motivated your interest?**

What do you hope to learn during your Farm Season? How might you apply what you've learned in the future?

Describe recent jobs or volunteer positions you've held. How would you describe the role you assume in work situations?

Describe any experience working outside. Do you have any limitations to working at a steady pace at the farm? Are you prepared to work towards a specific rate of work that may require some effort at first?

What are a few things you like to do with your free time? Hobbies? Interests?

Do you have any experience sharing housing?

General Information:

Type of Apprenticeship (Please Circle): Full-season or Half-Season or Other:

Available entire season (April through November): Yes or No

When can you start?

**Do you have any prior or current commitments that may affect your schedule at La Vista?
If yes, please explain:**

Own a vehicle: Yes or No

Accident-free driving record: Yes or No

Cigarette smoker: Yes or No

Have pets: Yes or No

Do you have a special diet? Yes or No

If so, please explain:

I would like to interview (please circle): at farm or by phone

Education Background:(include degree or diploma received)

High School:_____

College:_____

Post-grad:_____

Other classes or
workshops:_____

Employment background:(list three most recent employers, current employer first)

Employer:_____

Your responsibilities:_____

Dates of employment:_____ Reason for leaving:_____

Name of supervisor:_____ Telephone number:_____

May we contact your current employer?_____

Employer: _____

Your responsibilities: _____

Dates of employment: _____ Reason for leaving: _____

Name of supervisor: _____ Telephone number: _____

May we contact your previous employer? _____

Employer: _____

Your responsibilities: _____

Dates of employment: _____ Reason for leaving: _____

Name of supervisor: _____ Telephone number: _____

May we contact your previous employer? _____

List two additional personal references (excluding family members and employers):

Name: _____ Telephone: _____

How do you know this person? _____

How long have you known this person? _____

When is the best time to contact this person? _____

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Thank you for your interest! Please return completed application to 4350 Levis Ln, Godfrey, IL 62035 or kris@lavistacsa.org.