



Employment Application

Name (First, Middle Initial, Last) _____ Date _____

Address _____

City, State, Zip _____

Contact Phone _____ Email _____

Date available to start _____ (approximate hours: Saturdays, 6:30 AM- 3:30 PM)

Position applied for _____

Are you legally authorized to work in the US? Yes ____ No ____

Prior related work experience

Why are you interested in working with the Puyallup Farmers Market?

Physical requirements: This work requires standing, walking, lifting up to 40 pounds, pulling, bending, in an outdoor setting, in a variety of weather conditions. Are you able to do this? Yes ____ No ____

This work requires the ability to speak with a variety of people, the ability to listen/hear both in person and via walkie talkie, in sometimes challenging and fast paced situations. Are you able to do this? Yes ____ No ____

Please provide 3 references (people that know you, know your work, are familiar with you)
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Return completed application to:

farmersmarket@puyallupmainstreet.com or mail to: PFM PO Box 476 Puyallup WA 98371