

Student Application

Email completed application to michael@indianacommunity.org



Date:

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Email:

Home Phone:

Cell Phone:

Emergency Contact Person and Phone:

Living Roots
5907 W. County Road 375 South
French Lick, IN

47432
Phone: 812-727-5444
www.livingroots.org

Please explain why you would like to become a student at the Living Roots Farm School.

What specific experience, formal or informal, do you have with farming and farm living?

Do you need housing?

Education

| Type of School | Name of School and Complete Mailing Address | No. Years Completed/Date | Major or Degree/GPA |
|------------------------------|---|--------------------------|---------------------|
| High School | | | |
| College Bus. or Trade School | | | |
| Professional School | | | |
| Other | | | |

Have you ever been convicted of a crime: yes no

(Criminal Background Check will be run once accepted)

If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Continue on the next page

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Hobbies/
Passions:

List any Allergies (Food or Environmental). Also, list any Food Preferences - Omnivore, Vegetarian, Vegan, Gluten-Free, etc.):

Please list 2 references other than relatives and previous employers

| | | |
|-----------|--|--|
| Name | | |
| Position | | |
| Company | | |
| Telephone | | |

Use this space to add any additional information necessary to describe your full qualifications for the program which you are applying: