



P.O. Box 3192  
Bonners Ferry, ID 83805

www.bonnersferryfarmersmarket.org  
info@bonnersferryfarmersmarket.org

# Market Manager Application

Please print in ink or type.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Years lived in Boundary County: \_\_\_\_\_ Have you been a vendor at our market:  Yes  No

Please answer the following questions as thoroughly as possible. Use a separate sheet of paper if necessary.

1. Describe your familiarity with the Bonners Ferry Farmer's Market and what you think it contributes to our community.  
SSSSSSSSSSS \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe with examples the character traits that you would bring to the job of Market Manager.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you anticipate the greatest challenges of the job of Market Manager would be for you? How would you address these? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment/Volunteer History** *(Please start with your most recent employer/Organization)*

**Company Name** \_\_\_\_\_ Start Date \_\_\_\_\_ Date Left \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
Responsibilities \_\_\_\_\_

**Company Name** \_\_\_\_\_ Start Date \_\_\_\_\_ Date Left \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
Responsibilities \_\_\_\_\_

**Company Name** \_\_\_\_\_ Start Date \_\_\_\_\_ Date Left \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
Responsibilities \_\_\_\_\_

**References** *(Please give a minimum of 3 references)*

**Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship with this reference: \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship with this reference: \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship with this reference: \_\_\_\_\_

I affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for the Market Manager Position. I have read the duties & responsibilities of Market Manager and agree to fulfill & abide by them. I authorize persons, schools, current and previous employers, and organizations named in this application to provide any relevant information that may be required to arrive at a decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit your completed application with resume/additional information to:*

Bonnors Ferry Farmers Market  
Market Manager Opening  
PO Box 3192  
Bonnors Ferry, ID 83805