



APPLICATION FOR EMPLOYMENT

Dover Store **Harrington Store**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE

Date _____ Please list your age if under 18 _____

Name _____
Last First Middle Social Security #

Present Address _____
Number Street City State Zip Apt #

Home Phone _____ Cell _____ Email _____

Position(s) Applying For: Cashier Deli Freezer Stove Shoppe Warehouse Other _____

Wage Desired _____ Days / Hours Available to Work No Preference

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

How many hours can you work weekly? _____ Can you work early mornings? _____

Employment

Desired Full Time Only Part Time Only Full or Part Time Date Of Availability _____

Type of School	Name of School	Location City and State	Years Completed	Did You Graduate	Major and Degree
High School					
College					
Trade/Business					

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Driver's License # _____

State of Issue _____ Expiration Date _____

What is your means of transportation to work? _____

REFERENCES ~ Please list the names of two persons not related to you, whom you have known at least one year

(1) Name _____ (2) Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Years Acquainted _____ Years Acquainted _____

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____ Name of Last Supervisor _____

Address _____
Number Street City State Zip Phone

Employment Dates ~ From _____ To _____ **Pay or Salary** ~ Start _____ Final _____

Your last job title _____

Reason for leaving ~ Be Specific _____

Please list the job you held, duties you performed, skills used or learned, or promotions while you worked at this company.

Name of Employer _____ Name of Last Supervisor _____

Address _____
Number Street City State Zip Phone

Employment Dates ~ From _____ To _____ **Pay or Salary** ~ Start _____ Final _____

Your last job title _____

Reason for leaving ~ Be Specific _____

Please list the job you held, duties you performed, skills used or learned, or promotions while you worked at this company.

May we contact your present employer? Yes No Did you complete this application yourself? Yes No

If no, who did? _____

If required, I understand that a Drug Test may be performed.

Signature _____ Date _____

Do you know anyone who works at Byler's? Yes No

Name _____ Department _____ Relationship _____

Office Use Only Application Taken By _____

Date of Interview _____ Interviewed By _____ Position Offered Yes No Hold

Begin Date _____ FT PT Department _____ Wage _____

Schedule _____