



APPLICATION FOR EMPLOYMENT

Dover Store

Harrington Store

Stove Shoppe

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE

Date _____ Please list your age if under 18 _____

Name _____ Social Security # _____
Last First Middle

Present Address: _____
Number Street City State Zip Apt #

Home Phone _____ Cell _____ Email _____

Position(s) Applying For: Cashier Deli Freezer Warehouse Other _____ No Preference

Times Available: Mon _____ Tues _____ Wed _____ Thu _____ 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

Wage Desired _____ 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.

Most Recent Employer _____ **Employment Dates:** From _____ To _____

Address _____
Number Street City State Zip Phone

Your last job title _____ Name of last supervisor _____

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:

Employer _____ **Employment Dates:** From _____ To _____

Address _____
Number Street City State Zip Phone

Your last job title _____ Name of last supervisor _____

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:

Employer _____ **Employment Dates:** From _____ To _____

Address _____
Number Street City State Zip Phone

Your last job title _____ Name of last supervisor _____

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? _____

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

Name _____ Department _____ Relationship _____

If required, I understand that a drug test may be performed.

Signature _____ **Date** _____

Office Use Only Application Taken By _____

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

Begin Date _____ FT PT Department _____ Wage _____