



**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 \_\_\_\_\_