

Location you are applying to:

Date of Application:

Stroudsburg

Tannersville



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## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name:

Address:

City, State, Zip:

How long at present address?

Phone:

Social Security #:

Previous Address:

City, State, Zip:

How long at previous address?

Have you ever applied for employment with us? Yes  No  if Yes, date

Are you on lay-off and subject to recall? Yes  No

Have you been convicted of a felony in the last 7 years? Yes  No

How did you learn of our organization?

Have you physical defects which preclude you from performing certain jobs?

Yes  No  if Yes, describe:

### EDUCATION

<u>School</u>	<u>Name &amp; Location of School</u>	<u>Course of Study</u>	<u># of Years Completed</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
College	From:                      To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade	From:                      To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High	From:                      To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	From:                      To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## EMPLOYMENT

Describe your employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (Month/Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title & Describe Your Work	Reason for leaving:
2	Company Name	Telephone
	Address	Employed (Month/Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title & Describe Your Work	Reason for leaving:
3	Company Name	Telephone
	Address	Employed (Month/Year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title & Describe Your Work	Reason for leaving:

## POSITION, AVAILABILITY & TRANSPORTATION

Position Desired:	Pay Expected:
Are you available for full time hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available to Start:
Total available hours per week:	Are your hours flexible: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you expect to be absent anytime in the next 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	
Do you have other commitments (employment, school) which may affect your employment status with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	

## POSITION, AVAILABILITY & TRANSPORTATION CONTINUED

Please indicate any hours that you cannot work on the chart below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
To							
From							

Can you travel if the job requires? Yes  No

Do you have your own transportation to get you to our other locations if the job requires it?

Yes  No  If no, how will you get to work?:

## SKILLS

Please indicate your skills and experience in the following areas:

Customer Service:

Natural Foods/Vitamins/Supplements:

Cashiering:

Retail Merchandising:

Produce:

Computers:

## ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application:

## REFERENCES

Please name at least two personal references and provide their phone numbers:

1) Name: ( )

2) Name: ( )

I understand that management makes every effort to accommodate individual preferences and scheduling needs, but business may at times make overtime mandatory and that I may not be guaranteed a set schedule. The position I am applying for **requires** me to work on a rotating weekend schedule. I certify that my answers on are true and complete to the best of my knowledge. In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Date:

Signature: