

Application of Employment for Joe's Market

Job Description: Employees at Joe's Market must be 18 years or older. Employees must be 18 to sell alcohol/tobacco, lottery, and operate the slicer. It is the responsibility of the employees to service and assist customers, stock shelves, and keep the area clean and presentable. More job duties can be given by management. Employees are required to stand on their feet for hours and be able to lift.

Personal Information

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street City, State Zip

Contact Information: _____
Home Telephone Mobile E-mail Address

Age: _____ Date of Birth: _____

Emergency Contact Information

Contact Person 1:

Name: _____
Last First

Phone Number: _____ Relationship: _____

Contact Person 2:

Name: _____
Last First

Phone Number: _____ Relationship: _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Available Start Date: _____ Desired Hourly Wage: _____

Are you currently employed? YES NO Where: _____

What days and hours are you available for work: _____

Can you work on the weekends? YES NO Can you work in the evenings? YES NO

How many hours a week are you willing to work? _____ How many days? _____

List any extra-curricular activities/previous commitments that may interfere with duties as an employee for Joe's Market. (ex. Sports, classes, etc): _____

continued on back

Education:

High School: Name and Location: _____

Graduation Date: _____

College: Name and Location: _____

Graduation Date: _____ Degree: _____

Employment History

Present or Last Position

Employer: _____

Address: _____

Supervisor: _____

Phone Number: _____ Email: _____

Position Title: _____

From: _____ To: _____ Pay Wage: _____

Responsibilities: _____

Reason for Leaving: _____

Previous Position

Employer: _____

Address: _____

Supervisor: _____

Phone Number: _____ Email: _____

Position Title: _____

From: _____ To: _____ Pay Wage: _____

Responsibilities: _____

Reason for Leaving: _____

References:

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____

Please return filled out application to Darlene Fennewald. A background check will be conducted prior to employment.