



182 Market Street
 Fort Kent, Maine 04743
 207-834-5181

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____
 First Middle Last
 ADDRESS _____
 HOME PHONE # _____ CELL # _____

Are you a citizen of the United States? YES NO (If no, are you authorized to work in the U.S.? YES NO)

Are you over 18? YES NO

Have you ever been convicted of or plead no contest to a felony? YES NO

If yes, please explain _____

POSITION/AVAILABILITY

Position applying for _____

As we are a store that operates nights and weekends, it is important that we clearly understand what days and times during each day (or night) that you are available to work. For each day below, write in the hours or times that you are available. Remember to indicate the absolute earliest time that you can work each day. If you are unavailable on a particular day, write "Not Available".

It is important to understand that we work in a retail environment where much of our business is done during afternoon and/or weekends.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

From the following list, please indicate the positions in which you are interested:

- _____ Cashier
- _____ Stock Clerk
- _____ Bakery/Deli
- _____ Produce
- _____ Meat Room
- _____ Other

What is the minimum number of hours you can work per week? _____

What is the maximum number of hours you can work per week? _____

Are you available to be called in? YES NO

What date are you available to start work? _____

EDUCATION

Name/Address of School	Degree/Diploma	Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards: _____

EMPLOYMENT HISTORY

Company _____ Phone # (____) _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ to _____ Reason for Leaving _____
May we contact your previous employer? YES NO

Company _____ Phone # (____) _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ to _____ Reason for Leaving _____
May we contact your previous employer? YES NO

Company _____ Phone # (____) _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ to _____ Reason for Leaving _____
May we contact your previous employer? YES NO

REFERENCES (Please list three professional references)

Full Name _____ Relationship _____
Company _____ Phone # (____) _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone # (____) _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone # (____) _____
Address _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my immediate release. I authorize the verification of any or all information listed above.

Signature _____ Date _____