

Butcher's Farm Market

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

				Date _____
Name _____				
Last	First	Middle	Maiden	
Present address _____				
Number	Street	City	State	Zip
How long at present address _____				
Telephone () _____		If under 18, please list age _____		

EMPLOYMENT DESIRED

Position applied for _____	
What hours can you work? From – To	
MONDAY _____	TUESDAY _____
WEDNESDAY _____	THURSDAY _____
FRIDAY _____	SATURDAY _____
Salary Desired _____?	
How many hours can you work weekly? _____	Can you work evening shift? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				
Please describe other training, seminars, coursework, etc. that applies to the job.				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Are you currently employed? Yes No
May we contact your present employer? Yes No
Did you complete this application yourself Yes No
If not, who did? _____

Have you ever been convicted of a felony? Yes No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been employed with this company? Yes No
Have you ever worked for a company in our industry before Yes No
If yes, please provide their names and address _____
If hired, would you have a reliable means of transportation to and from work? Yes No
Are you able to perform the essential functions and duties of the job for which you are applying? Yes No
If not, please describe the functions or duties you are unable to perform. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

ADDITIONAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.