

APPLICATION FOR EMPLOYMENT



Clayton's Shurfine Market

Clayton, NY 13624

(315) 686-3601

503 State St. Clayton, N.Y. 13624



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

How long _____

Email _____

If under 18, please list age _____

Telephone () _____

Please Note: Applicants must be 16 years of age or older.

Social Security No. _____ - _____ - _____

Days/hours available to work

Position(s) applying for (1) _____

No Pref _____ Thur _____

and salary desired (2) _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	COURSE OF STUDY

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

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.

Blank space for summarizing additional information.

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.

Employer & Address	Supervisor & Phone Number	Job Title(s) & Ending Pay Rate	Employment Dates (From-To)	Reason for Leaving (Be Specific)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

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. _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Signature of applicant _____ Date: _____

Struppler,s Shurfine Supermarket, Inc. 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.