

Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**Lakeside Market Inc
P.O. Box 408
East Waterboro, Maine 04030
207-247-8440**

APPLICATION FOR EMPLOYMENT

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 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 available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

<p>Typing <input type="checkbox"/> Yes _____ WPM</p> <p>Personal Computer <input type="checkbox"/> Yes PC <input type="checkbox"/> Mac <input type="checkbox"/> No</p>	<p>10-key <input type="checkbox"/> Yes _____ WPM <input type="checkbox"/> No</p> <p>Other Skills _____</p>	<p>Word Processing <input type="checkbox"/> Yes _____ WPM <input type="checkbox"/> No</p>
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Please list two references other than relatives or previous employers.

<p>Name _____</p> <p>Position _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____ Telephone () _____</p>	<p>Name _____</p> <p>Position _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____ Telephone () _____</p>
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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.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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 Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary 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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Your Last Job Title			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No Please Sign: _____

If not, who did? _____