

Application for Employment at DePalma's

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)		DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		
PERMANT ADDRESS (STREET, CITY, STATE, ZIP)		
PHONE NUMBER (AREA CODE)	Email:	
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY	REFERRED BY:	

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	SALARY DESIRED:
ARE YOU NOW EMPLOYED?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?
SCHEDULE AVAILABILITY?	

FORMER EMPLOYERS:

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

How many hours are you looking to work?
 0-16 hours
 16-20 hours
 20-35 hours
 35+ hours

When are you available to work?								
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	* Note: Opening hours will vary. Please check with the store.	From (time)						
	To (time)							

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY: _____
ADDRESS: _____ PHONE: _____

My signature confirms that all the information given on this application form is true and complete. I understand that any falsification or deliberate omissions may disqualify my application or lead to my dismissal. I confirm that I am entitled to work in the United States and can provide original documentation to confirm this. I understand that my employment is subject to references that are satisfactory to DePalma's.

Signed: _____ Date: _____