BURKHOLDER'S COUNTRY MARKET

Application for Employment

Type into the fields or print and complete by hand. * Required

Contact information

First name * **Middle name** **Last name ***

Street address * **City *** **State *** **ZIP code ***

Home phone * **Cell phone *** **Email address ***

May we text you about your application? ○ Yes ○ No

Position and preferences

Position applying for **Desired wage**

First choice * **Second choice** **Third choice**

Use the positions below to enter your preferences.

Cashier	Stock Person	Housekeeping/Cleaning
Bakery Production	Bakery Finisher/Sales	Kitchen/Food Prep
Dairy/Frozen Dept Associate	Deli Associate	Meat Department Associate
Maintenance	Produce Associate	Dishwasher/Food Prep

Eligibility

Are you 18 or older? * ○ Yes ○ No

Are you legally authorized to work in the United States? * ○ Yes ○ No

Do you have reliable transportation? * ○ Yes ○ No

Have you ever been terminated from a job or asked to resign? * ○ Yes ○ No

If yes, what was the reason? * Required if you answered Yes.

Availability and skills

Hours per week desired

Can you work evenings? ○ Yes ○ No

Enter the hours you can work each day (for example, 8 AM to 4 PM).

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Special skills or qualifications

BURKHOLDER'S COUNTRY MARKET

Application for Employment

Type into the fields or print and complete by hand. * Required

Education

School type	Name and address of school	Course of study	Last year	Graduated?
Elementary				○ Yes ○ No
High school				○ Yes ○ No
College				○ Yes ○ No
Other				○ Yes ○ No

Employment history

List employment from the past five years, starting with your most recent job.

Employer 1 Left voluntarily? ○ Yes ○ No

Company name | **Phone** | **Employment dates**

Company address | **Full time / part time / other** | **Supervisor**

Job title and description of work | **Reason for leaving**

Employer 2 Left voluntarily? ○ Yes ○ No

Company name | **Phone** | **Employment dates**

Company address | **Full time / part time / other** | **Supervisor**

Job title and description of work | **Reason for leaving**

Employer 3 Left voluntarily? ○ Yes ○ No

Company name | **Phone** | **Employment dates**

Company address | **Full time / part time / other** | **Supervisor**

Job title and description of work | **Reason for leaving**

Additional employment from the past five years

May we contact previous or current employers? ○ Yes ○ No **If no, who should we avoid contacting?**

References and signature

List two people who are outside your family.

Reference 1 name *	Phone *	Address	Occupation	Years known

Reference 2 name *	Phone *	Address	Occupation	Years known

Signature * (type your full name or sign by hand) **Date ***