

**PLEASE PRINT
ALL
INFORMATION
REQUESTED
EXCEPT
SIGNATURE
Please use ink**

**Lakeside Market Inc
P.O. Box 408
East Waterboro, ME 04030
207-247-8440
Lakesidemkt@sacoriver.net**

APPLICATION FOR EMPLOYMENT

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	DATE
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Name			
Last	First	Middle	Maiden

Present address				
Number	Street	City	State	Zip

Telephone (____)

If under 18, please list age _____	Email: _____
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Position applied for (1) Short Order Cook / Cashier / Stocker Salary desired (2) _____	Days and Hours available to work? No Pref Thur Mon Fri Tue Sat Wed Sun
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How many hours can you work weekly? _____	Can you work nights? _____
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Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

What date are you available to begin 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				

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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 _____

OFFICE ONLY	
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Typing	Yes _____ WPM	10-key	Yes _____	Word Processing	Yes _____ WPM
	No _____ WPM		No _____		No _____ WPM

Personal Computer	Yes _____ PC	Other Skills	
	No Mac		

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.

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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		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			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.				
Name of employer Address		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From To	Start Final
		Your Last Job Title		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

Please Sign: _____

If not, who did? _____