

North Country Store 32672 US Route 11 Philadelphia, NY 13673

Phone: (315) 642-0646

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JOB APPLICATION

APPLICANT INFORMATION									
Last Name:	First:			MI:		Age:			
Street Address:				Apartment/Unit No:					
City:	State:			ZIP:					
Phone: ()	E-mail Address:								
Date Available:	ırity No:				Desired Pay:				
Position Applied for:									
Are you a citizen of the United States?	NO	If no, are you authorized to work in the U.S.?				NO			
Have you ever worked with this company?	YES	NO	If so, when?						
Have you ever been convicted of a felony?	YES	NO	If yes, explain:						
EDUCATION									
High School:		Address:							
From: To:	Did you gra	duate?	uate? YES NO Degree:						
College:			Address:						
From: To:	Did you gra	d you graduate? YES NO Degree			egree:				
REFERENCES									
Please list two professional references.									
Full Name:					Relationship:				
Company:					Phone: ()				
Address:									
Full Name:					Relationship:				
Company:					Phone: ()				
Address:									

PREVIOUS EXPERIENCE							
Company:			Phon	Phone: ()			
Address:			Supervisor:				
Job Title:		Starting Salary: \$		En	ding Salary: \$		
Responsibilities:							
From: To:	Rea	Reason for Leaving:					
May we contact your previous supervisor for a reference? YES NO							
Company:				Phone: ()			
Address:			Supervisor:				
Job Title:		Starting Salary: \$		En	Ending Salary: \$		
Responsibilities:							
From: To:	rom: To: Reason for Leaving:						
May we contact your previo	ous supe	rvisor for a reference? YES	N	10			
MILITADY SEDVICE							
MILITARY SERVICE							
Branch: Rank at Discharge:			From: To: Type of Discharge:				
	nlaine		1 91	Je oi	Discharge:		
If other than honorable, ex	ріані						
QUALIFICATIONS							
Before beginning work, you will be required to provide proof of successful completion of the nationally recognized ServSafe® Food Handler Course & Assessment. You can take this \$15 training online at https://servsafe.com/access/SS/Catalog/ProductDetail/SSECT6							
I have, or am willing to get, my ServSafe® Food Handler certification before beginning work.	Initials:	tials:			Date Completed (if already qualified):		
CERTIFICATION AND SIGN	ATURE						
I certify that my answers are true and complete to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I understand that as part of the procedure for my application for employment, I give the Employer the right to investigate all references listed and the right to secure additional information about me, if job-related. I agree that my signature on this application is binding and enforceable.							
Signature: X					Date:		
FOR OFFICE USE ONLY INTERVIEWER OR REFERENCE COMMENTS							

Interv	view Questions – Name	Date	/_	/
1.	Please tell me about yourself outside of work.			
2.	Why are you leaving or why do you want to leave your la	st job (if ap _l	plicable)?
3.	What has been your greatest accomplishment?			
4.	If hired, how long do you plan on working here?			
5.	Do you like doing one task every day, or do you like varie	ety?		
6.	How would you rank yourself on a scale from 1 (worst) to areas?	o 10 (best) i	n the fo	llowing
	a. High Energy (personal motivation):Additional comments:			
	b. Ability to Energize Others:Additional comments:			
	c. Edge (making tough decisions): Additional comments:			
	d. Execution (delivering results): Additional comments:			