



HEID'S OF LIVERPOOL

305 Oswego Rd., P.O. Box 514
Liverpool, New York 13088
315.453.9544 (ph) • 315.410.7884 (fx)

EMPLOYMENT APPLICATION

Date of Application _____

Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Social Security # _____ / _____ / _____

Have you ever been employed here before? (Yes) or (No) If "Yes" give dates _____

Circle One

If under 18 years of age, can you furnish working papers? (Yes) or (No) Are you employed now? (Yes) or (No)

Circle One

Circle One

If "Yes" where are you working? _____ Telephone _____

May we contact your present employer? (Yes) or (No) On what date are you available to start work _____

Circle One

Are you available to work: Fulltime _____ Part Time _____ Shift Work _____ Temporary _____

Please put hours you are available to work:

Table with 7 columns: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Each column has a blank space for hours.

Have you ever been convicted of a felony? (Yes) or (No) A conviction does not necessarily disqualify an applicant.

Circle One

If you have been convicted, please explain:

Three horizontal lines for explaining convictions.

Are you a Veteran of the United States Military? (Yes) or (No) If "Yes" which branch? _____

Circle One

EMPLOYMENT EXPERIENCE -

Form with two rows for employment experience. Each row includes fields for Company Name, Manager's Name, Dates Employed (From/To), Duties, and Reason for Leaving.

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EMPLOYMENT APPLICATION

Full Name: _____

EMPLOYMENT EXPERIENCE - Begin with the most recent employer.

Name _____	Manager's Name _____
Dates Employed: From _____ To _____	Duties: _____
Reason For Leaving: _____	
Name _____	Manager's Name _____
Dates Employed: From _____ To _____	Duties: _____
Reason For Leaving: _____	
Name _____	Manager's Name _____
Dates Employed: From _____ To _____	Duties: _____
Reason For Leaving: _____	
<i>If you need more space, attach additional sheet of paper.</i>	

EDUCATION - Circle Categories That Apply To You:

Elementary School: 4 5 6 7 8 High School: 9 10 11 12

College: 1 yr, 2 yrs, 3 yrs, 4 yrs Major(s): _____ Degree/Diploma _____

Please state any additional information you feel may be helpful in considering your application:

References - Other than family, please give name and phone number.

Do you have any medical problems that could affect your job performance? (Yes) or (no)

If "Yes" explain:

Are you currently related to anyone working at Heids? (Yes) or (no)

If "Yes" who:

Applicant's Statement: I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and this application constitutes an employment contract unless a specific document to that effect is executed in writing. In the event of employment, I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant _____ Date: _____