



Incomplete applications will not be considered. Answer ALL questions to the best of your ability

PERSONAL

Name: _____ Date of Birth: _____

Address: _____
(No. and Street) (Apt No.) (City) (State) (Zip Code)

Telephone Number: _____

Email Address: _____

Are you legally authorized to work in the United States? Yes No (Proof required upon employment)
 Have you filed an application with us before? Yes No If yes, when? _____
 Do you have a valid driver's license? Yes No
 Have you ever been disciplined, suspended, or involuntarily terminated by an employer? Yes No
 If yes, state the name of the employer, date, and please explain _____

DESIRED EMPLOYMENT/AVAILABILITY

Position: _____ Date you can start: _____

Desired Salary: _____ Total hours available to work per week: _____

Are you available to work? Holidays Days Evenings Weekends

What days of the week are you available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

High School _____
(Name) (City/State) (#yrs attnd.) Graduated? Y N

College _____ Degree _____
(Name) (City/State) (#yrs attnd.) Graduated? Y N

Graduate _____
(Name) (City/State) (#yrs attnd.) Graduated? Y N

List any other education, training certificates, computer, or special skills that you possess related to the job. _____

REFERENCES

Beginning with your present or most recent experience, list your last 3 employers, assignments, or volunteer activity. If you have less than three employers, please include other personal references. (references cannot be family members)

COMPANY: _____ TEL. # _____ FROM: _____ TO: _____

ADDRESS: _____
(No. and Street) (Apt No.) (City) (State) (Zip Code)

SUPERVISOR: _____ May we contact? Y N

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

COMPANY: _____ TEL. # _____ FROM: _____ TO: _____

ADDRESS: _____
(No. and Street) (Apt No.) (City) (State) (Zip Code)

SUPERVISOR: _____ May we contact? Y N

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

COMPANY: _____ TEL. # _____ FROM: _____ TO: _____

ADDRESS: _____
(No. and Street) (Apt No.) (City) (State) (Zip Code)

SUPERVISOR: _____ May we contact? Y N

POSITION: _____ STARTING WAGE: _____ FINAL WAGE: _____

DESCRIBE MAJOR DUTIES: _____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

I certify that the information provided by me in this application is true and complete. I understand that any falsification, omission, or misrepresentation made by me on this application is grounds for refusal to hire, or if hired, termination. I authorize an investigation of all statements contained in this application and authorize any of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education, credit history, or any other information they might have, personal or otherwise, with regard to any subject covered by this application, and I release all parties from all liability for any damage that may result from furnishing such information.

I understand that wages, benefits, and other terms and conditions of employment may change from time to time at the discretion of Howie's Variety without prior notice. I acknowledge that if I am employed by Howie's Variety my employment will be at will, meaning that Howie's Variety is free to terminate my employment at any time, for any reason, with or without cause and I have the same rights. I acknowledge that no one other than the Company's President can enter into any contractual agreement, and any such agreement must be in writing signed by the Company's President.

I understand that this application for employment will remain active for thirty (30) days from today's date. If I still desire a position with the Company after this application expires it will be my responsibility to fill out a new application and file it with the Company after that period expires.

SIGNATURE: _____

DATE: _____

Please return completed application to Howie's Variety: 661 Alfred Rd, Arundel, ME 04046