

225 KINDERKAMACK ROAD, ORADELL, NJ 07649

phone: 201-265-2235 email: greatfoods10@gmail.com web: www.greatfoodsmarket.com

Date:					
Name:					
Address:					
City:	State:		_Zip:		
Telephone:	E-mail (i	if avail):			
Emergency contact	t & phone #				
I can work: Weekd					nd 5
Do you have a valid	NJ driver's license	e?			
How did you hear a	bout Great Foods?				
Date of birth:					
Education (if still in	ı school, your scho	ol and gra	ade/colleg	e year just o	completed):
Can you speak Spa	nish?				
High School Studer					
Are you involved in	any after-school a	ctivities,	ciuds, or si	ports? Pleas	e list them.

Current/previous employers:

If this would be your first job, tell us about extracurricular activities or other activities that required you to be on time, accomplish tasks, etc., such as babysitting, lawn-mowing, school athletics, etc.

Business	name:
Business	location and telephone number:

Supervisor's name:	
Employment start and end dates:	
Your position/duties:	
Reason for leaving:	

Business name:______ Business location and telephone number:

Supervisor's name:_____ Employment start and end dates:_____ Your position/duties:_____ Reason for leaving:_____

Business name: Business location and telephone number:

Supervisor's name:_____ Employment start and end dates:_____ Your position/duties:_____ Reason for leaving:_____

Have you ever been convicted of a crime?

If hired, when can you start work?

Are there any dates/times you would be unavailable to work?

Can you work November & December weekends?

Can you stay late during the holidays?

Please list two references we can talk to about your previous work experience, you as a student, or a person (besides family) who knows you well.

Name:	
Relationship:	
Telephone:	
•	

Name:	
Relationship:	
Telephone:	

I attest the above is true and accurate to the best of my knowledge.

Signature:_____ Date: _____

Thank you for your interest!