



Employment Application

Rev. 12/2013

Summit Country Market

408 Cemetery Rd.

Meyersdale, PA 15552

Ph. 814-634-1735 / Fax 814-634-8423

Personal Information

Name: Last	First	Middle	
Telephone:	Email:		
Alternate Phone:	D.O.B (Optional):		
Address:	City	State	Zip Code

Are you able to perform the essential functions of the position with or without accommodations? If necessary for the job, I am able to (Circle One): Yes No

Are you willing to work all positions? (Deli, Cashier, Stocker, Freezer, Produce, Grocery Cleaner, etc.) Yes No

If No, Explain: _____

Work Overtime? Yes No

Provide a valid Driver's License? Yes No

If necessary for the job are you older than (Circle One): 14 15 16 18 19 21

I am legally eligible for employment in the U.S.? Yes No

I am seeking a permanent position: Yes No

I will be able to report to work _____ days after being notified I am hired.

Education

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

Skills & Qualifications

Other qualifications such as special skills, abilities or honors that should be considered:
Types of computers, software, and other equipment you are qualified to operate or repair:
Professional licenses, certifications or registrations:
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:
Typing speed (per minute)

Employment History

List most recent employment first. Include summer or temporary jobs. You may include additional employers and experience on an extra sheet of paper if necessary.

Employer name and address	Position title/duties, skills:	Start Date:	End Date:
		Reason for Leaving:	
Pay Rate: \$		Supervisor Name:	Telephone:

Employer name and address	Position title/duties, skills:	Start Date:	End Date:
		Reason for Leaving:	
Pay Rate: \$		Supervisor Name:	Telephone:

Employer name and address	Position title/duties, skills:	Start Date:	End Date:
		Reason for Leaving:	
Pay Rate: \$		Supervisor Name:	Telephone:

References

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

Contact

In case of accident or illness, please contact:

Name:	Relationship:	Telephone:		
Address:		City:	State	Zip Code

Information To The Applicant

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

I understand and agree to the information shown above.

Signature of Applicant	Date
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