



Application for Employment

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**PLEASE RETURN THIS FORM BY MAIL OR IN PERSON TO:
SUGAR CREEK CS, 505 W BERTRAND AVE, ST. MARY'S, KS 66536 ATTN: MANAGER**

PERSONAL INFORMATION:

First Name _____ Middle Initial ____ Last Name _____

Street Address _____

City, State, Zip _____

Home: (_____) _____ Cell: (_____) _____

Email: _____

Date of birth: _____ SS# _____ - _____ - _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes ___ No ___

If yes, please date(s) and explain circumstances:

POSITION/AVAILABILITY:

Position(s) Applied For: Part time Full time

Any position available, or as checked below;

Day Shift Manager Evening Shift Manager Weekend Shift Manager

Day Clerk Evening Clerk Stock Person Deli

Days/Hours Available: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Date available to start work _____

EDUCATION:

Name and Address of Schools - Degree/Diploma - Graduation Date

Skills and Qualifications/Related Experience/Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or most recent position:

Employer: _____
Address: _____
Supervisor: _____
Phone: _____
Email: _____
Position Title: _____
Dates From: _____ To: _____
Responsibilities: _____

Salary History: Start: _____ Current or most recent: _____
Reason for Leaving: _____

Other Previous Related Work History:

Employer: _____
Address: _____
Supervisor: _____
Phone: _____
Email: _____
Position Title: _____
Dates From: _____ To: _____
Responsibilities: _____

Salary History: Start: _____ Ending: _____
Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References:

Name/Title Address Phone
1. _____
2. _____
3. _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____

FOR OFFICE USE ONLY:

PA 1-10 _____
WE S/W _____ COMM: _____

AVAIL NOTE: _____

POS QUAL: _____ DY _____ NT _____

OPEN/CLOSE Y N

OTHER:

