

# Town Peddler, Inc.

## Application for Employment

PLEASE PRINT ALL  
INFORMATION REQUESTED

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-4.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_\_

Store Hours 10am-8pm Mon-Sat 11am-6pm Sun

If under 18, please list age \_\_\_\_\_

**Days/hours you are available to work:**

Position applied for \_\_\_\_\_  
 and salary desired \_\_\_\_\_  
 (Be specific) \_\_\_\_\_

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER PLEAD 'GUILTY,' 'NO CONTEST,' OR BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT HAVE PREVENTED YOU FROM PERFORMING WORK DUTIES IN THE PAST OR WOULD PREVENT YOU FROM CARRYING OUT WORK DUTIES?     No     Yes

If yes, explain \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

OFFICE ONLY

Typing     Yes  
           No        \_\_\_\_\_ WPM

10-key     Yes  
           No

Word         Yes  
Processing     No        \_\_\_\_\_ WPM

Personal     Yes         PC  
Computer     No         Mac

Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     \_\_ Yes   \_\_ No  
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     \_\_ Yes   \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**     Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
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		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip <sup>Code</sup> Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself?     Yes     No

If not, who did? \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize Town Peddler, Inc. to make such investigations and inquiries about my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release all employers, schools, and individuals from all liability when responding to inquiries regarding my application. In the event I am employed, I understand that false or misleading information provided in this application, any employment interview, and during subsequent employment is grounds for immediate dismissal.

Signature of Applicant: \_\_\_\_\_ Date of Application \_\_\_\_\_