



303 Cannon Street

P.O. Box 560

Chestertown, MD 21620

Phone: 410-778-1677 Fax: 410-778-6537

*******Employment Application*******

Name: _____

Address: _____

Phone Number: _____

Why do you want to work at Chestertown Natural Foods?

What days are you available to work? Circle them below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-7pm	10am-7pm	10am-7pm	10am-7pm	10am-7pm	9am-7pm	10am-7pm

How many hours would you like to work per week? _____

Are you available to work year-round? Yes ____ No ____

Are you interested in working extra hours during special events? Yes ____ No ____

Can you lift 50 pounds? Yes ____ No ____

If hired, when would you be available to start working? _____

Chestertown Natural Foods sells beer and wine. State law requires a person to be at least 18 years old to stock beer and wine and at least 21 years old to sell it.

I am legally able to stock beer and wine. Yes ____ No ____

I am legally able to sell beer and wine. Yes ____ No ____

For Your Information: After we receive your application, please allow us 10 days to evaluate it. If we decide to interview you, we will contact you within 14 days of submission. We thank you for considering employment at Chestertown Natural Foods.

Application For Employment -

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

Date _____

Name (Last Name First)			
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By	

Employment Desired

Position	Date Available to Start
Are you employed?	If so, may we contact your present employer?
Ever Applied to this company before?	If so, when?

Education History

Name and location of School	Years Attended	Did you graduate?	Subjects Studied
High School			
College			
Trade School			

General Information

Subjects of Special Study/Research. Work or Special Training/Skills	
U.S. Military?	Rank

Former Employers (List Below Last 4 Employers, Starting with the last one)

Date: Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References: Give Below the names of three persons not related to you whom you have known at least a year

Name	Address	Business	Number of Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representatives of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of the company.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant Federal and State laws.

Date_____

Signature_____

Interviewed By _____ Date_____