

CID'S FOOD MARKET

APPLICATION FOR EMPLOYMENT

623 Paseo Del Pueblo Norte

Taos, NM 87571

Please contact: Mr. Lee Backer @ 575-758-1148 ex.122

Department(s)/Position(s) Desired: _____

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State/Zip: _____

Phone Number _____ 18 or over Yes No

Why are you seeking employment with Cid's Food Market? _____

Were you referred to Cid's for employment? Yes No

If yes, by whom? _____

Have you been employed by Cid's before? Yes No

If Yes, When? _____

Name of friends or relatives now working for Cid's? _____

Can you work any store hours? Yes No, Schedule preferred: _____

Full time: _____ Part time: _____ Part time weekends/evenings _____

Do you plan to maintain another job if accepted by Cid's? Yes No

If Yes, Where and what hours? _____

In case of emergency, notify: _____

Name _____ Address _____ Phone number _____

Education History, Work Experience or Special Training

School

Name and location of school

Do you plan to continue your education? Yes No

U. S. Military Service, Branch of service

Can you perform the duties of the job (in combination)? Yes No

If No please describe: _____

Personal references: List three(3) character references other than relatives or former employers who have known you for the past three(3) years.

Name _____ Address _____ City, State _____ Phone number _____

1. _____

2. _____

3. _____

Employment record: List your last four(4) employers (excluding military) beginning with your present or most recent employer.

Company Address City, State Phone Number
1. _____

Length of service: From _____ To _____
Starting salary _____ Leaving salary _____
Supervisor Name & Title _____
Type of work at start: _____
Type of work at end: _____

Company Address City, State Phone Number
2. _____

Length of service: From _____ To _____
Starting salary _____ Leaving salary _____
Supervisor Name & Title _____
Type of work at start: _____
Type of work at end: _____

Company Address City, State Phone Number
3. _____

Length of service: From _____ To _____
Starting salary _____ Leaving salary _____
Supervisor Name & Title _____
Type of work at start: _____
Type of work at end: _____

Company Address City, State Phone Number
4. _____

Length of service: From _____ To _____
Starting salary _____ Leaving salary _____
Supervisor Name & Title _____
Type of work at start: _____
Type of work at end: _____

If you desire, please list volunteer work: _____

The above information is true and correct. I understand that any false information or any misrepresentation or omission of facts may result in separation from Cids' Food Market if employed. I authorize you to inquire of and receive information from my former employers or personal references as to my character and ability.

Date: _____ Applicant's signature _____