

Towle's Corner Store
 36 Main Street PO BOX 813
 Dixfield, ME 04224
 (207)-562-8130
www.towlescornerstore.com
ctowle@hotmail.com

Employment Application

Towle's Corner Store is a retail business that is open 365 days a year and open 5:00am to - 9:00pm most days. If you are unwilling or unable to consistently work **ONE** shift on a Friday night, Saturday, or Sunday, **please do not apply.**

APPLICATION DATE:		DATE AVAILABLE FOR WORK:	
APPLICANT INFORMATION			
Last Name:		First Name:	
Street Address:			
City:		State:	Zip:
Birthdate:		E-mail Address:	
Home Phone Number:		Mobile Phone Number:	
I acknowledge that if employed I will be required to receive my <u>biweekly</u> paycheck as <u>Direct Deposit</u> and will <u>use my email account</u> to receive my paystub. <input type="checkbox"/>		Do you have a reliable means of transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
AVAILABILITY FOR WORK			
Please select all times you are available: ___ full-time ___ part-time ___ opening ___ closing ___ Sundays ___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays ___ Saturdays		Please list any other scheduling preferences you have:	
EDUCATION			
High School:		Address:	
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		
College/ University:		Address:	
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Program/ Major:	
Other:		Address:	
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Program/Major:	
PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Employed From:	To:
Responsibilities:			
Reason for Leaving:			
<input type="checkbox"/> May we contact?			

Company:	Phone:
Address:	Supervisor:
Job Title:	Employed From: To:
Responsibilities:	
Reason for Leaving:	
<input type="checkbox"/> May we contact?	

Company:	Phone:
Address:	Supervisor:
Job Title:	Employed From: To:
Responsibilities:	
Reason for Leaving:	
<input type="checkbox"/> May we contact?	

PROFESSIONAL REFERENCES

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

Please use the space below to describe any additional qualifications you may have:

PRIVACY STATEMENT

The information collected in this application form will be used by Towle's Corner Store. Towle's Corner Store will take reasonable and appropriate steps to protect the information you provide against unauthorized access, collection, use, disclosure, modification or disposal. If you are not a successful applicant, then your application and any attachments will be kept on file for 60 days after which it will be destroyed.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and I understand that false or misleading information in my application or interview may disqualify me from employment or result in my dismissal.

I hereby authorize Towle's Corner Store to contact any of the above-named employers, institutions and persons.

Signature:	Date:
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