

# BUTTERFIELD MARKET

1915

## Applicant Information

|             |      |       |      |       |  |
|-------------|------|-------|------|-------|--|
| Full Name : |      |       |      | Date: |  |
|             | Last | First | M.I. |       |  |

|          |                |                  |
|----------|----------------|------------------|
| Address: |                |                  |
|          | Street Address | Apartment/Unit # |

|  |      |       |          |
|--|------|-------|----------|
|  |      |       |          |
|  | City | State | ZIP Code |

|        |  |       |  |
|--------|--|-------|--|
| Phone: |  | Email |  |
|--------|--|-------|--|

|                 |  |  |  |                 |    |
|-----------------|--|--|--|-----------------|----|
| Date Available: |  |  |  | Desired Salary: | \$ |
|-----------------|--|--|--|-----------------|----|

|                        |  |
|------------------------|--|
| Position Applying for: |  |
|------------------------|--|

|  |                          |                          |   |                          |                          |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
|  | YES                      | NO                       |   | YES                      | NO                       |
| Are you authorized to work in the U.S? | <input type="checkbox"/> | <input type="checkbox"/> | "If hired", can you furnish proof of age? | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |               |  |
|--|--------------------------|--------------------------|---------------|--|
|  | YES                      | NO                       |               |  |
| Have you ever worked for this company?                 | <input type="checkbox"/> | <input type="checkbox"/> | If yes, when? |  |
|  | YES                      | NO                       |               |  |
| Are you related to any employee at Butterfield Market? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, whom? |  |
|  |                          |                          |               |  |
| How did you hear about us?                             |                          |                          |               |  |

## Education

|              |  |          |  |
|--------------|--|----------|--|
| High School: |  | Address: |  |
|--------------|--|----------|--|

|                   |                          |                          |           |  |
|-------------------|--------------------------|--------------------------|-----------|--|
|                   | YES                      | NO                       | Diploma   |  |
| Did you graduate? | <input type="checkbox"/> | <input type="checkbox"/> | Received: |  |

|          |  |          |  |
|----------|--|----------|--|
| College: |  | Address: |  |
|----------|--|----------|--|

|                   |                          |                          |           |  |
|-------------------|--------------------------|--------------------------|-----------|--|
|                   | YES                      | NO                       | Diploma   |  |
| Did you graduate? | <input type="checkbox"/> | <input type="checkbox"/> | Received: |  |

|               |  |          |  |
|---------------|--|----------|--|
| Trade School: |  | Address: |  |
|---------------|--|----------|--|

|                   |                          |                          |           |  |
|-------------------|--------------------------|--------------------------|-----------|--|
|                   | YES                      | NO                       | Degree    |  |
| Did you graduate? | <input type="checkbox"/> | <input type="checkbox"/> | Received: |  |

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## Previous Employment

*Please list three former employers.*

|          |  |             |  |
|----------|--|-------------|--|
| Company: |  | Phone:      |  |
| Address: |  | Supervisor: |  |

|            |  |
|------------|--|
| Job Title: |  |
|------------|--|

|                   |  |
|-------------------|--|
| Responsibilities: |  |
|-------------------|--|

|       |  |     |  |                     |  |
|-------|--|-----|--|---------------------|--|
| From: |  | To: |  | Reason for Leaving: |  |
|-------|--|-----|--|---------------------|--|

|  |                                 |                                |  |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |
|--|---------------------------------|--------------------------------|--|

|          |  |             |  |
|----------|--|-------------|--|
| Company: |  | Phone:      |  |
| Address: |  | Supervisor: |  |

|            |  |
|------------|--|
| Job Title: |  |
|------------|--|

|                   |  |
|-------------------|--|
| Responsibilities: |  |
|-------------------|--|

|       |  |     |  |                     |  |
|-------|--|-----|--|---------------------|--|
| From: |  | To: |  | Reason for Leaving: |  |
|-------|--|-----|--|---------------------|--|

|  |                                 |                                |  |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |
|--|---------------------------------|--------------------------------|--|

|          |  |             |  |
|----------|--|-------------|--|
| Company: |  | Phone:      |  |
| Address: |  | Supervisor: |  |

|            |  |
|------------|--|
| Job Title: |  |
|------------|--|

|                   |  |
|-------------------|--|
| Responsibilities: |  |
|-------------------|--|

|       |  |     |  |                     |  |
|-------|--|-----|--|---------------------|--|
| From: |  | To: |  | Reason for Leaving: |  |
|-------|--|-----|--|---------------------|--|

|  |                                 |                                |  |
|--|---------------------------------|--------------------------------|--|
| May we contact your previous supervisor for a reference? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |
|--|---------------------------------|--------------------------------|--|

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false, misleading, or omission of information in my application or interview may result in dismissal.*

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
|------------|--|-------|--|