

APPLICATION FOR EMPLOYMENT

1509 Meetinghouse Road Boothwyn, PA 19061 610-485-6442 www.donsdelidelco.com

You may drop off your completed application to the store or email it to: employment@donsdelidelco.com

I AM APPLYI	ING FOR THE	FOLLOWING F	POSITION: _			
NAME						
ADDRESS						
PRIMARY PHO	ONE NUMBER _	Cell	Home			
EMAIL ADDRE	ESS					
Do you have	a resume?	NO	YES (if yes, ple	ease attach))
Are you at	least 18 ye	ears of age?	YES	NO		
Are you aut	thorized to	work in the	e U.S.?	_ YES _	NO	
Have you ev	ver been con	victed of a	a felony? _	YES _	NO	
Do you have	reliable t	ransportati	lon? \	ÆS	NO	
My driver's	license is	VALII		VALID _	I don't	have one.
Are you cur	rently empl	oyed?	YES	NO Where	e?	
If we may o	ontact your	current em	mployer, ple	ease write t	the name of	the
contact p	erson and t	heir phone	number:			
Please writ	e the times	in the day	s of the we	ek which yo	ou're able t	o work:
SUN	MON	TUE	WED	THUR	FRI	SAT
Which days	of the week	can you <u>N</u> C	OT work?			
Do you seek	FULL c	or PART	T-TIME emplo	oyment?		
# of hours	preferred _	Car	ı you work d	overtime if	required? _	
_	ecial skill y you would		_		qualificati	lons and

<u>PREVIOUS EMPLOYMENT</u> Please list most recent employer first!

Month and Year	Name and Location	Phone Number	Position Held	Salary	Reason for Leaving
From					
То					
From					
110111					
То					
From					
То					
REFERENCES P	lease list 3 <u>NON</u>	_DEI ATTVES vo	ı have know	n for o	ver 1 veer
<u>KEFEKENOED</u> 1	rease fist 5 NON	-KELATIVED YO	u nave know	11 101 0	ver r year.
First and	<u>Last Name</u>	Telephone Nu	mber Rela	ationsh	ip/Years Known
1.					
2				· · · · · · · · · · · · · · · · · · ·	
3					
EDUCATIONAL H	ISTORY				
School Type	Name	Phon Numb			Major
High School					
College/ University					
Trade/					
Other					
I,	ur <u>FULL NAME</u>) ons or entities on regarding my verify all dates tion or false in	listed on thi employment, c and facts.	s employmen haracter, q I understan	t appli ualific d that	ations and omission,