Brackett's Market 185 Front St Bath, Me 04530

Position(s) A	pplied for						
Date of Appl	ication						
If you were re	eferred, by who?						
Last Name		First Na	me	MI			-
Lastitatio		THERMAN					
Address	С	ity	State	Zip Code			
Telephone N	umber(s)	Date Of B	irth				-
]
	18 years of age, can een employed with		de required proof	of your eligibility	to work?	Yes Yes	N N
riave you ever be	employed with	us octore.	If yes, ple	ease indicate who	en		
	d from lawfully bed	coming emp	ployed in this cou	ntry because of Vi	sa or Immi		
Status? On what date wo	uld you be available	e to work?				Yes	N
	on layoff status ar		o recall?			Yes	N
	ependable means of			ork?		Yes	N
	onvicted of a felony n will not necessarily			nnlovment		Yes	N
If yes, please exp			m appricam ji om er			_	
EDUCATION	Name and Address	s of School	Course of Study	Years Completed	Diploma/	Degree	
High School	<u> </u>						
Undergraduate College							
Graduate Professional							
Other (Specify)							

EMPLOYMENT EXPERIENCE

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

status.				
1)`Employer			mployed	Work Performed
Address		FROM	ТО	
Address				
Telephone Number(s)		Hourly Ra	ite/Salary	
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				
2)Employer		Dates F	mployed	Work Performed
2)Employer		FROM	TO	VVOIK FEHOITIEG
Address		TROW	10	
			ate/Salary	
Telephone Number(s)	Telephone Number(s)			
		Starting	Ending	
Job Title	Supervisor		-	
Reason for Leaving				
Reason for Leaving				
3) Employer		Dates E	mployed	Work Performed
		FROM	TO	
Address			-	
Telephone Number(s)		Hourly R	ate/Salary	
(0)		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				
PEEEDENGEG				
REFERENCES				
1)(Name)	Phone #	_	
(Hairie	1		T TIOTIO II	· · · · · · · · · · · · · · · · · · ·
(Address)				
2)			D "	_
(Name		Phone #		
(Address)		,		
3)(Name)	Phone #	_	
	•			_
(Address)				

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State any ac	lditional inf	RMATION Formation your-related skills	feel may be				
Please indic	eate the day	s and hours y	ou are availa	able to worl	Κ:		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
for you to c	omplete the	9 106?					
I authorize in arriving at an This applicati wishing to be are being according to the are being according to the end of the event interview (s) in employer. I also agree to	emswers given avestigation of employment of considered for extend and action is of extended anization is of elationship may result in dependent of the end of the elationship of employment of employment of elationship e	herein are true a f all statements decision. ment shall be cor or employment me. knowledge that, f an "at will" r mployee at any ay not be charge an authorized ex tent, I understat lischarge. I under moking policy th	contained in onsidered active beyond this time unless otherwhature, which attime with or ed by any write accutive of this and that false erstand, also, that underage small properties of the contained that the contained tha	this application of the period should be defined by means that the without causten documents organization or misleadinat I am requiremoking by an	on for employed of time not to build inquire as applicable law e employee ne. It is further or by conduct on the conduct of th	exceed 45 da to whether o w, any employ nay resign at r understood to unless such of m given in my all rules and the premises w	ys. Any applicant r not applications ment relationship any time and the that this "at will" tharge is specially application or regulations of the will result in
termination of designated are	f this application that the same and only of the same and only of the same are same as the same are same as the same are	ion and any curr on lunch breaks	ent or pending when appropri	gemployment ately clocked	Those of lega out.	al age agree to	only smoke in

Date

Signature of Applicant