

DATE:

ARGYLE FEED STORE

APPLICATION FOR EMPLOYMENT

FULL NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH (OPT): _____

HOW FAR ARE YOU FROM THE STORE? _____

DO YOU HAVE RELIABLE TRANSPORTATION? _____

LAST SCHOOL ATTENDED? LAST GRADE COMPLETED? _____

POSITION APPLYING FOR (EX: WAREHOUSE/REGISTER/MANAGEMENT): _____

EMPLOYMENT HISTORY:

COMPANY: _____ POSITION: _____ SALARY: _____

COMPANY: _____ POSITION: _____ SALARY: _____

COMPANY: _____ POSITION: _____ SALARY: _____

HOURS AVAILABLE: (HOURS ARE MON-SAT 8 TO 6, SUN 10-5)

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

FOR STORE USE ONLY:

DATE HIRED:	SSN:	PAY RATE:
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER