

Foymart Employment Application

DATE_____

			С	ate of Birth
Name				
Present address	First		Middle I	Maiden
Number	Street	City	State	Zip
How long at this address	Social Security No		Telephone (_)
If under 18, please list age		When available fo		
Position applied for (1)			Days/hours availa No Pref Mon	Thur
and salary desired (2)(Be specific)			Tue Wed	Sat Sun
How many hours can you work v	veekly?	Can you work	nights?	
Employment desired FULL-TI	ME ONLY PART-T	TIME ONLY FU	JLL- OR PART-TIM	1E
TYPE OF SCHOOL NAME O	0000=	N NUME te) COM	BER OF YEARS IPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
SUMMARIZE YOUR SPECIAL SKI	LLS OR QUALIFICATIO	NS:		

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

_ No

_ Yes

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Name:	Phone:	(
Address:	City:	State: Zip			
Name:	Phone:_	(
Address:	City:	State: Zip			
Work Experience					
Please list your work experience for	the past five years beginning wit	th your most recent job held.			
If you were self-employed, give firm	name. Attach additional sheets it	f necessary.			
Name of Employer Address Phone:					
Supervisor Name Pay	From date /	/ To date / / Job			
Reason for Leaving	Explain Job desci	Explain Job description , training, duties , etc.			
Name of EmployerAddress					
Supervisor NamePay		/ To date// Job			
Reason for Leaving	Explain Job desci	ription , training, duties , etc.			
	Y AGREES TO PERIODIC TESTING F				
Foyr	mart Inc. is an equal opportunity	employer			
I certify that my answers are true and con inquires of my personal employment, edu necessary for an employment decision. I h inquires in connection with my application given in my application or interview may	icational, financial, or medical history herby release employers, schools, or po n. In the event I am employed, I under	and other related matters as may b ersons from all liability when respon	ne nding to		

Please mail this application to: Harry Foy P.O. Box 1270, Spring Hope,NC 27882

_____ date ____

Signature of applicant _____