

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**EMPLOYMENT APPLICATION**

**JD'S PACKAGE STORE &  
REDEMPTION CENTER**  
PO BOX 328 E WATERBORO ME 04030  
(207) 247-3991

Date \_\_\_\_\_

Name \_\_\_\_\_  
                     Last                                    First                                    Middle                                    Maiden

Present Address \_\_\_\_\_  
                                     Number / Street                                    City                                    State                                    Zip

How Long at Present Address? \_\_\_\_\_ mos / yrs                                      If under 21, please list age: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Position Applied for \_\_\_\_\_  
 Salary Desired \_\_\_\_\_  
 (be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment Desired (circle one):                                      \*FULL TIME ONLY\*                                      \*PART TIME ONLY\*

\*FULL OR PART TIME\*

When are you available to start? \_\_\_\_\_

Days / hours you're available to work:

No Pref _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____

Type of School	Name of School	Location (Complete Address)	# of Yrs Completed	Major / Degree
High School				
College				
Business / Trade				
Professional				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?                                      Yes                                      No

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your means of transportation to work? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

\_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Chauffeur

Expiration Date \_\_\_\_\_

Have you had an accidents during the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No How Many? \_\_\_\_\_

Have you had any moving violations during the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No How Many? \_\_\_\_\_

Other Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list two references other than relatives or previous employers

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
_____	_____
Telephone Number ( ) _____	Telephone Number ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> , beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheet if necessary.</b>
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Name of Employer _____	Name of Supervisor _____
Address _____	Employment From (mo/yr) _____
City, State, Zip Code _____	Employment To (mo/yr) _____
Phone Number _____	Your Job Title _____
<b>Reason for Leaving (be specific):</b>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	

Name of Employer _____	Name of Supervisor _____
Address _____	Employment From (mo/yr) _____
City, State, Zip Code _____	Employment To (mo/yr) _____
Phone Number _____	Your Job Title _____
<b>Reason for Leaving (be specific):</b>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:	

Name of Employer _____	Name of Supervisor _____
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