

Today's Date: _____

Glory's Market Inc.
Jackson, NJ 08527
732-928-0677

APPLICATION FOR EMPLOYMENT

NAME: _____

D.O.B. _____

Street Address: _____

Please check one:
_____ Single _____ Married

City & Zip Code: _____

Phone: (____) - ____ - _____

Have you ever been convicted of a felony? _____ yes _____ no

Cell: (____) - ____ - _____

Social Security #: XXX - XX - _____

Do you currently have health insurance coverage?
_____ yes _____ no

Place of Birth

City: _____ State: _____

Do you give Glorys market permission for a background check and or drug screen test ?
Yes _____ No _____ sign

Store Hours: Deli 6:00 am- 8:00 pm
Liquor (Monday-Saturday) 9:00 am- 9:00 pm (Sunday) 9:00 am- 8:00 pm

Your Availability: Please list the times

Sunday _____ Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____
Saturday _____

Yes or No: Deli Experience _____ Register Experience _____

Last Place of Employment

Name: _____

Address: _____

Telephone: _____

Reason for Leaving: _____

FOR OFFICE USE ONLY

DATE OF RECEIPT:

RECEIVED BY: