

# DINO'S PARK-N-SHOP

Route 44, Putnam Pike, Chepachet, RI 02814  
(401) 568-6590

## APPLICATION FOR EMPLOYMENT

TO THE APPLICANT: We appreciate your interest in our company. The information requested in this form will give us a clear understanding of your qualifications, background, and work history and will aid us in placing you in a position for which you are thereby best suited.

The Civil Rights Act of 1964, as amended prohibits discrimination in employment because of race, color, sex, religion or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, Dino's intends to comply fully with all applicable employment laws.

(Type or Print Requested Information)

DATE
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### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Street Address			County
City or Town	State	Zip Code	Home Phone and Area Code
Phone where you can be reached if different from home phone		Phone Number and Area Code	Extension

ADDRESSES AT WHICH THE APPLICANT HAS RESIDED FOR THE PREVIOUS 3 YEARS (IF DIFFERENT FROM ABOVE).

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POSITION DESIRED \_\_\_\_\_

FEDERAL REGULATIONS REQUIRE DELI WORKERS TO BE AT LEAST 18 YEARS OF AGE. DO YOU MEET THIS REQUIREMENT? \_\_\_\_\_

CAN YOU PROVIDE PROOF? \_\_\_\_\_

DRIVER'S LICENSE      STATE \_\_\_\_\_      LICENSE # \_\_\_\_\_      EXP. DATE \_\_\_\_\_

### EDUCATION INFORMATION

School Type of	Name and Address of School	Courses Majored in	Check Last Year Completed	Graduate? Degrees Received	Last Year Attended
Elementary			5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### MILITARY HISTORY

Military Branch (Check the applicable box)		<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Other <input type="checkbox"/> Natl. Guard <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
Date Entered Active Service <small>Mo.                      Year</small>	Date Left Active Service <small>Mo.                      Year</small>	Rank When Leaving	
		MOS Title	

Have you ever worked at this company before? \_\_\_\_\_ If so, when? \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**FORMER EMPLOYERS** (List below last four employers, starting with last one first.)

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month and Year) From: _____ To: _____		Supervisor's Name	Title Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ _____ year	Present or Final Salary Per \$ _____ year	Reason for Leaving	

Name of Company		Type of Business	
Address (Street)		(City)	(State)
Employment Dates (Month and Year) From: _____ To: _____		Supervisor's Name	Title Phone Number
Position Title	Brief Description of Job		
Starting Salary Per \$ _____ year	Present or Final Salary Per \$ _____ year	Reason for Leaving	

**REFERRALS**

NAME	ADDRESS	BUSINESS	YRS. KNOWN

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**EMPLOYERS USE ONLY**

MARITAL STATUS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_ AGE \_\_\_\_\_

NUMBER OF HOURS \_\_\_\_\_ FULL TIME PART TIME DAY OR EVENING HOURS

ANY INJURIES WHY WORK CANNOT BE COMPLETED \_\_\_\_\_

REMARKS \_\_\_\_\_

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