

PECK'S MARKETS
PO BOX 411
9 LOWER MAIN STREET
CALLICOON, NY 12723

Peck's Markets
Employment Application
An Equal Opportunity Employer

Location(s) Applying to:

Callicoon : _____ Livingston Manor : _____
Jeffersonville: _____ Eldred : _____

Your Personal Information

FULL NAME _____ DATE _____

First Last

ADDRESS _____

Number & Street

City, State

Zip Code

TELEPHONE# () _____ CELL PHONE () _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT EMPLOYMENT AT PECK'S? _____
TO PERFORM MANY DUTIES WITHIN THE STORE, BY LAW YOU MUST BE 18
YEARS OF AGE, ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
HAVE YOU EVER BEEN EMPLOYED BY PECK'S MARKETS? YES NO
IF YES, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE EXPLAIN: _____

EDUCATION:

HIGH SCHOOL: _____

ADDRESS: _____

DID YOU GRADUATE? **YES** **NO**

EMPLOYMENT HISTORY:

IS THIS YOUR FIRST JOB? **YES** **NO**

IF NO, PLEASE LIST YOUR PAST EMPLOYERS STARTING WITH THE PRESENT-MOST RECENT

1. NAME/ADDRESS: _____

DATES WORKED: _____

TYPE OF WORK: _____

REASON FOR LEAVING: _____

2. NAME/ADDRESS: _____

DATES WORKED: _____

TYPE OF WORK: _____

REASON FOR LEAVING: _____

3. NAME/ADDRESS: _____

DATES WORKED: _____

TYPE OF WORK: _____

IS THIS THE COMPLETE LIST OF YOU EMPLOYMENT? **YES** **NO**
ARE WE GRANTED PERMISSION TO VERIFY THE ABOVE INFORMATION?
YES **NO**

PERSONAL REFERENCES

PLEASE LIST THREE PERSONAL OR PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU:

1. FULL NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____

2. FULL NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____

3. FULL NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: _____

CAN ALL OF THE ABOVE BE CONTACTED FOR REFERENCE? YES NO

AVAILABILITY

DATE AVAILABLE TO START: _____

TYPE OF EMPLOYMENT DESIRED: FULL TIME _____ PART TIME _____

IF YOU HAVE DONE THIS TYPE OF WORK BEFORE, BRIEFLY DESCRIBE WHAT YOU DID? _____

WE ARE OPEN 7 DAYS A WEEK MOST DAYS FROM 7 A.M. TO 7 P.M. & ARE LOOKING FOR PEOPLE WHO ARE AVAILABLE TO WORK A FLEXIBLE SCHEDULE, WHICH WOULD INCLUDE WORKING ONE WEEKEND DAY AS WELL AS ONE CLOSING NIGHT PER WEEK.

HOURS AVAILABLE: WE ARE OPEN 7 A.M. TO 7 P.M. MONDAY THROUGH SATURDAY & 7 A.M. TO 5 P.M. SUNDAY. PLEASE INDICATE AM & PM WHEN FILLING OUT HOURS AVAILABLE TO WORK.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

IF YOU WOULD LIKE TO ADD ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE OF VALUE WHEN CONSIDERING YOUR APPLICATION PLEASE DO SO BELOW:

I CERTIFY THAT MY ANSWERS ARE TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEWS MAY RESULT IN MY RELEASE.

SIGNATURE: _____ DATE: _____

THIS APPLICATION WILL BE KEPT ON FILE FOR 1 YEAR. YOU NEED TO REAPPLY AFTER THAT DATE.

ALL APPLICATIONS CAN BE FILLED IN ONLINE BUT WILL NEED TO BE PRINTED & SUBMITTED IN PERSON AT STORE LEVEL.