

Application for Employment
SMOKERS CHOICE
CIGARETTE AND TOBACCO OUTLETS

146 Rock Hill Drive
P.O. Box 960
Rock Hill, NY 12775

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you at least 18 years of age or older? Yes No Desired Salary: _____

Date Available: _____ Store Location You Are Interested In: _____

How many hours a week are you looking to work?: _____ Are you looking for: F/T or P/T

EDUCATION

High School/G.E.D. Certificate: Yes No Did you Graduate: Yes No

College: Yes No Did you Graduate: Yes No

What skills or additional training do you have that relates to the job for which you are applying:

REFERENCES

Please list three professional references:

Full Name: _____ Relationship: _____
Company Name: _____ Phone #: _____

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Company Name: _____ Phone #: _____

Full Name: _____ Relationship: _____
Company Name: _____ Phone #: _____

PREVIOUS EMPLOYMENT

Please list last 3 places of Employment (Provide all information requested accurately):

Company Name: _____ **Phone #:** _____

Address: _____

Supervisor Name: _____ **Reason for Leaving:** _____

Job Title: _____ **Ending Salary:** _____

Dates Employed: _____ **Thru** _____ **May we Contact:** Yes No

Responsibilities & Duties: _____

Company Name: _____ **Phone #:** _____

Address: _____

Supervisor Name: _____ **Reason for Leaving:** _____

Job Title: _____ **Ending Salary:** _____

Dates Employed: _____ **Thru** _____ **May we Contact:** Yes No

Responsibilities & Duties: _____

Company Name: _____ **Phone #:** _____

Address: _____

Supervisor Name: _____ **Reason for Leaving:** _____

Job Title: _____ **Ending Salary:** _____

Dates Employed: _____ **Thru** _____ **May we Contact:** Yes No

Responsibilities & Duties: _____

ADDITIONAL INFORMATION

Have you collected unemployment for at least 60 days prior to this application date: Yes No
(We can get a tax credit if we hire you)

Are you a citizen of the US?: Yes No

If no, are you authorized to work in the US?: Yes No

ADDITIONAL INFORMATION (Continued)

Have you ever worked for this company?: Yes No **If yes, when?:** _____

Do you have any relatives or friends currently working for this organization?: Yes No

If yes, Name(s) and Relationship: _____

Have you ever been convicted of a felony/crime?: Yes No

If yes, explain: _____

Do You Have a Valid Driver's License? Yes No

Would you Consent to a Drug Test?: Yes No

(Revised: 6/1/2018)

I certify that my answers are true and complete to the best of my knowledge:

Applicant Signature: _____ **Date:** _____

(Revised: 6/1/2018)