

APPLICATION FOR EMPLOYMENT

Black-Eyed Susan, LLC

The Angelica Sweet Shop / Black-Eyed Susan Acoustic Café

22 W. Main St., PO Box 113 Angelica, NY 14709

www.angelicasweetshop.com 585-466-7070

www.black-eyed-susan.com 585-466-3399

Today's Date / /

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

Address (number, Street, City, State, Zip Code)

E-mail (required)

Telephone Number

Referred By

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Type of Employment

Full-time Summer

Part-time Temporary

Are you employed now? YES NO If so may we contact your present employer? YES NO

EDUCATION

High School Attended and Location

No. of Years Completed Did you graduate

Yes No

College Attended and Location

No. of Years Completed Did you graduate

Yes No

Degree

Trade, Business or Correspondence School Attended and Location No. of Years Completed Did you graduate

Yes No

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

EMPLOYMENT HISTORY – LIST MOST RECENT EMPLOYMENT FIRST

Name of Employer

Address (Number, Street, City, State, Zip Code)

Phone

Type of Business

Department

Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)

Date Left (Day, Month, Year)

Starting Salary

Final Salary

Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

OTHER EXPERIENCE

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

AVAILABILITY & REFERENCES

Please state the days and hours you would be available to work. Please also list the name, address, and phone number of three persons not related to you that we can contact to learn more about you.

I certify that the information provided is true and correct.	Signature _____
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