

EMPLOYMENT APPLICATION
THE UMBRELLA FACTORY SUPERMARKET
639 ROOSEVELT TRAIL, NAPLES, ME 04055
207-693-3988

The Umbrella Factory Supermarket is an equal opportunity employer. This application will not be used for limiting or excluding any applicant for consideration of employment on a basis prohibited by local, state or federal law.

Please fill out all of the sections below:

Applicant Information:

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Emergency Contact: _____ *Telephone:* _____

Date of Application: _____

Employment Position:

Position(s) applying for: Part time

How did you hear about this position? _____

What department(s) interest you? _____

What days are you available to work? _____

What hours or shift are you available to work? _____

On what date can you start work if hired? _____

Do you have reliable transportation? _____

Personal Information:

Have you ever applied to or worked for the Umbrella Factory Supermarket before? ____ YES ____ NO

If yes, when? _____

Do you have any friends or relatives working for the Umbrella Factory Supermarket? ____ YES ____ NO

If yes, state name and relationship? _____

Are you 18 years of age or older? ____ YES ____ NO

Are you a U.S. Citizen or approved to work in the United States? ____ YES ____ NO

Have you ever been convicted of a criminal offense? ____ YES ____ NO

If yes, please state the nature of the crime, when and where convicted: _____

JOB SKILLS AND QUALIFICATIONS:

Please list below the skills and qualifications you possess for the position for which you are applying:

EDUCATION AND TRAINING:

High School: _____

Year Graduated: _____ Degree Earned: _____

College/University: _____

Year Graduated: _____ Degree Earned: _____

Military Service:

Are you a member of the Armed Services? ____ YES ____ NO

What branch of the military did you enlist? _____

How many years did you serve? _____

PREVIOUS EMPLOYMENT:

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

Employer Telephone: _____

Dates employed: _____

Reason for leaving: _____

REFERENCES:

Please provide 2 personal/professional references:

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

AT-WILL EMPLOYMENT:

The relationship between you and the Umbrella Factory Supermarket is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, by you or the Umbrella Factory Supermarket. You understand that your employment is at-will and that no written or oral statements regarding your employment can alter your at-will employment status, except a written statement signed by you and the company owner, David R. Allenson.

Applicant Signature

Date