DiOrio's Supermarket PO Box 6 Old Forge NY 13420 315 369 3131 Fax 315 369 3138

DATE OF APPLICATION:	
PERSONAL INFORMATION	
Name:	
Address:	
Contact Information: ()()	
Are you older than 18?If not, date of birth	
How did you learn about our company?	
Available Start Date:	
Are you currently employed?	
AVAILABILITY	
Total hours available per weekDays available	
Are you legally able to be employed in the US?	
How far do you live from Old Forge?	
Do you have reliable transportation?	
Do you smoke?	
Are you able to lift 50 lbs?	
Do you have any prior injuries that could affect your ability to work?*If yes, please explain	
During the past 5 years, have you been convicted of a crime?	
Do you have children?If yes, do you have reliable childcare?	

## **EDUCATION**

High School Name and	Location
Graduated: yesN	o Now enrolled?
College Name and Loca	ition
Graduated: yesNo	)
contribute to your abilitie	highest proficiency, special skills or other items that may es in performing the above mentioned position.
***PLEASE NOT	TE THAT WE DO NOT ALLOW JRING JULY AND AUGUST!
PREVIOUS EXPERIEN Please list beginning from	
**Dates Employed	<del></del>
Company Name and Loc	ation
Role/Title	
Job notes, tasks perform	ed and reason for leaving:
**Da <b>tes Employed</b>	
Company Name Location	
Role/Title	
Job notes, tasks perform	ned and reason for leaving: