







Application for Employment

	OFFICE USE ONLY										
In	terview Date	Manager Initials									

PERSONAL INFORMATION Last Name First Name Middle Initial Present Address City Zip State Permanent Mailing Address City State Zip (for W-2 if different from current address) Phone Years Months How long have you lived at your present address? Social Security # Are you a US Citizen? 15 yrs or older? 18 yrs or older? Yes Yes Yes No No No **GENERAL INFORMATION** Position applying for: Part time Full time Are you presently employed? Yes No If yes, may we contact your present employer? Yes No Days available to work: Tues Wed Thurs Fri Sat Sun Shift: PMMon AM no preference Beecher Holdings SF, LLC. consists of 5 store locations in Seaside, Florida. Which store do you wish to be considered for employment? Check One **Shrimp Shack Pickles Dawson Yogurt** It's Heavenly Wild Bills All Stores What method of transportation will you use to get to and from work? Do you have any friends or relatives who are presently or have formerly been employed with Beecher Holdings SF, LLC. If yes, please list Have you ever been convicted of a felony? No If yes, please explain Have you ever been employed by Beecher Holdings SF, LLC.? If yes please state dates and which store. **AVAILABILITY** If your application receives favorable consideration, when will you be available to begin work? Do you have any objections to working overtime? No Yes Can you work overtime without prior notice? Yes No Are you available to work weekends and holidays? Yes No

Name and Location of Sc	Course of Study	Check last year completed				Did you graduate					
gh hool				1	2	3	4	Yes	No		
College					2	3	4	Yes No			
her				1	2	3	4	Yes	No		
EFERENCES		I	Į.								
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Please list all employers Name of Business	Phone:					rece ne and		nployer			
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\$ per month ther Holdings SF, LLC. is an equal opportun, creed, national origin, religious persuasion, m employed, I understand that I will be asked States. Finally, I understand that this is or	marital status, d to sign a Fede	political belief, or disabil eral I-9 form and provide	ity that doe positive p	es not poroof of	prohibit my ider	performatity and	ance of e	essential job ion of my rig	functions. to work in		