



# Application for Employment

Questions marked with an asterisk (\*) are required.  
Please print a copy of this application for your records.

## Personal Information

Thank you for applying at Barrels & Bins! We look forward to reviewing your application. Please fill out all the fields and if you have questions, don't hesitate to email (beau@barrelsandbins.market) or call us at (208) 354-2307

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Current Street Address or PO Box: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State or Province: \_\_\_\_\_

\* Zip or Postal Code: \_\_\_\_\_

\* Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Best method of contact: \_\_\_\_\_

## Application Information

\* Earliest date you can begin employment \_\_\_\_\_mm-dd-yyyy

(we typically ask for a 6 month commitment minimum)

Latest date to end employment: \_\_\_\_\_ mm-dd-yyyy

Select the positions you are applying for:

- Floor/Cashier
- Juice Bar
- Truck Crew
- Produce Department
- Night Re-stocking & Expiration

\* Please select your availability Full Time  Part Time

\* Please select the times you are available.

Weekends? Yes  No

Any shift? Yes  No

Weekdays? Yes  No

## Education Information

\* Are you 19 years of age or older? Yes  No

\* Date of Birth \_\_\_\_\_

\* Have you ever been convicted of a felony or, within the last five years, of a misdemeanor? Yes  No

If so, please state the date of the conviction and the nature of the offense (a conviction will not necessarily bar employment), but may get a criminal background check on any applicant that we are seriously considering for employment.

## High School

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Did you graduate? Yes  No

## College

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Did you graduate? Yes  No

Degree: \_\_\_\_\_

## Specialized Training/Other

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Did you graduate? Yes  No

## \* **Current or Most Recent Employer**

\* Employer Name: \_\_\_\_\_

\* Position Title: \_\_\_\_\_

\* Job Duties: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_

\* Start Date: \_\_\_\_\_ mm-dd-yyyy

End Date: \_\_\_\_\_ mm-dd-yyyy

\* Reason for leaving: \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State or Province: \_\_\_\_\_

\* Zip or Postal Code: \_\_\_\_\_

\* Phone: \_\_\_\_\_

\* Supervisor: \_\_\_\_\_

Supervisor's E-mail Address: \_\_\_\_\_

What did you like best about this job?

What did you like least about this job?

## \* **Second Previous Employer**

\* Employer Name: \_\_\_\_\_

\* Position Title: \_\_\_\_\_

\* Job Duties: \_\_\_\_\_

## \* **Resume**

(If you have one, please attach)

\* I have attached a resume. Yes  No