

# WAYSIDE COUNTRY STORE

Built in 1795 — Restored by Henry Ford in 1929



1015 BOSTON POST ROAD  
MARLBOROUGH, MA 01752  
(508) 481-3458  
Fax (508) 485-4978



www.waysidecountrystore.com

## WAYSIDE COUNTRY STORE EMPLOYMENT APPLICATION AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) (First) (M.I.)

SOCIAL SECURITY NO. \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
HOME PHONE( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**ARE YOU:**

- YES  NO OVER THE AGE OF 14? IF NO PLEASE STATE YOUR AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YES  NO A PREVIOUS APPLICANTS? IF YES, WHEN \_\_\_\_/\_\_\_\_/\_\_\_\_ Where \_\_\_\_\_  
 YES  NO A PREVIOUS EMPLOYEE OF WAYSIDE COUNTRY STORE? If YES From \_\_\_\_\_ To \_\_\_\_\_  
 YES  NO A US CITIZEN OR AN ALEIN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (If hired, you must be able to submit verification of your identity and legal right to work in the United States.)

<p><b>POSITION APPLIED FOR?</b> <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME</p> <p>(Wayside Country Store will endeavor to make a reasonable accommodation to the known physical and mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the business.)</p>	<p><b>WAGES REQUIRED?</b></p> <p>\$ _____ PER HOUR, OR \$ _____ PER WEEK</p>
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**SPECIFY ALL DAYS AND HOURS AVAILABLE**  
 ANY DAY - ANY HOUR

MONDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_  
 TUESDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_  
 WEDNESDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_  
 THURSDAY \_\_\_\_\_

(It is necessary to identify, at this time, restrictions to availability that are because of religious observances.)

**HOW REFERRED?**

SELF  SCHOOL  
 STORE SIGN  FRIEND  
 EMPLOYEE  OTHER  
 AD

**PLEASE LIST ANY RELATIVES CURRENTLY EMPLOYED AT WAYSIDE COUNTRY STORE.** (It is our policy to avoid nepotism or other conflicts of interest that are business-related.)

**FOR APPLICANTS FOR POSITIONS LOCATED IN MASSACHUSETTS ONLY:**

Have you ever been convicted of a felony?  YES  NO

Within the last 5 years, have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, and affray, or disturbing the peace?  YES  NO

**PLEASE NOTE:** A Conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime(s), when it occurred and your subsequent rehabilitation.

**NAME OF RESPONSIBLE PARTY IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WHAT YEAR ARE YOU IN SCHOOL \_\_\_\_\_

ARE YOU ABLE TO WORK AFTER SCHOOL?  YES  NO

ARE YOU ABLE TO WORK WEEKENDS?  YES  NO

ARE YOU ABLE TO WORK HOLIDAYS?  YES  NO

ARE YOU CURRENTLY EMPLOYED?  YES  NO

EMPLOYER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ STARTING SALARY \_\_\_\_\_

MAJOR DUTIES \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

DO YOU KNOW ANY ONE PRESENTLY EMPLOYED HERE  YES  NO

WHO: \_\_\_\_\_

**PERSONAL REFERENCE (NOT RELATED TO YOU)**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**IMPORTANT: READ CAREFULLY**

Information contained in this application is correct to the best of my knowledge and I understand that falsification and / or omission of this information may result in dismissal in accordance with the company policy. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background, and release all parties from all liability for any damage that my first 30 days of employment is considered to be a probationary period, and thereafter at will, during which time my employment and compensation can be terminated, with or without any notice, at any time, at the option of either the company or myself.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE**

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_