



APPLICATION FOR EMPLOYMENT

Mello Velo Bicycle Shop and Cafe
790 Canal St. Syracuse, NY 13210
p (315) 307-3104 | e info@mellovelobicycles.com

mellovelo

Please complete the entire application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted.

PERSONAL INFORMATION (Please print)					
Name	Last	First	Middle	Social Security Number	Date (M/D/Y)
Other names you are known by _____				Are you less than 18 years of age? Yes No	
Are you legally eligible for employment in the U.S.? Yes No (All new hires will be required to provide proof of eligibility to work in the U.S.)			Have you been convicted of a crime in the last seven (7) years? Yes No If Yes, list convictions that are a matter of public record (arrests are not convictions).		
Present Address	Street	City	State	Zip Code	
Permanent Address	Street	City	State	Zip Code	
Phone Number	Daytime	Evening	E-Mail Address		

EMPLOYMENT DESIRED (Please keep in mind that the availability of hours may vary depending on the season.)							
Position	Salary Desired			Date You Can Start			
Specify hours available for each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you able to work overtime? _____							

EDUCATION		Select Last Years Completed				Did You Graduate?		Subjects Studied and Degrees Received	
Name and Address of School									
High School		1	2	3	4	Y	N		
College		1	2	3	4	Y	N		
Post College		1	2	3	4	Y	N		
Other Training		1	2	3	4	Y	N		

SKILLS List skills relevant to the position applied for _____

Please tell us what types of bicycles you have and how you like to ride. _____

What do you like about bicycles and cycling? _____

Why would you like to work for Mello Velo? _____

FORMER EMPLOYERS *List below current and last three employers, starting with most recent one first. Please include any experience which is related to the job for which you are applying. Please complete even if you attach a resume.*

Date (M/D/Y)

1	From	Current Employer (Name and Address of Employer; Type of Business)	Salary Or Hourly Starting _____	Position	Reason For Leaving
	To		Ending _____ If hourly, average # of hours per week _____		
Duties Performed					
Supervisor's Name		Phone Number		May We Contact?	

2	From	Former Employer (Name and Address of Employer; Type of Business)	Salary Or Hourly Starting _____	Position	Reason For Leaving
	To		Ending _____ If hourly, average # of hours per week _____		
Duties Performed					
Supervisor's Name		Phone Number		May We Contact?	

3	From	Former Employer (Name and Address of Employer; Type of Business)	Salary Or Hourly Starting _____	Position	Reason For Leaving
	To		Ending _____ If hourly, average # of hours per week _____		
Duties Performed					
Supervisor's Name		Phone Number		May We Contact?	

4	From	Former Employer (Name and Address of Employer; Type of Business)	Salary Or Hourly Starting _____	Position	Reason For Leaving
	To		Ending _____ If hourly, average # of hours per week _____		
Duties Performed					
Supervisor's Name		Phone Number		May We Contact?	

REFERENCES *Give below the names of three professional references, whom you have known at least one year.*

	Name	Phone Number	Business	Years Acquainted How Do You Know This Person?
1				
2				
3				

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with this company terminated.

Date _____ Signature _____