

APPLICATION FOR EMPLOYMENT

WE DRUG TEST

(Please Print Plainly)

We are an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of race, color, national origin, creed, religion, sex, age, marital status, family relationship, or sensory, mental, or physical disability.

Reasonable accommodations in the application, testing, and interview process are available: please let us know if you have special needs.

PERSONAL

Date: _____

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
Number Street City State Zip

Are you 18 years or older?

yes no

Home Telephone No. (Area) _____

If no, date of birth _____ Work Telephone No. (Area) _____

If hired, will you be able to provide proof of a legal right to work in the United States? yes no

Message Telephone No. (Area) _____

Position Applying For: _____ Salary Desired: _____

Available for: Full Time _____ Part Time _____ Temporary _____ Date Available: _____

Hours available for work: _____

Geographic area desired: _____

Do you have, or anticipate, any transportation problems that would affect your ability to report for work as scheduled? _____

Names of relatives employed by this company: _____

Indicate how you learned of this opening: _____

EDUCATION RECORD

• ATTACH ADDITIONAL SHEETS IF NECESSARY. USE SAME FORMAT.

NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	DEGREE / MAJOR	
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS, TRADE, OTHER				
PROFESSIONAL LICENSE	GRANTED BY	LICENSE NO.	IS LICENSE VALID?	EXPIRATION DATE
PLEASE INDICATE ANY OTHER SKILLS / EXPERIENCE / SEMINARS YOU FEEL ARE PERTINENT				

ARE YOU IN SCHOOL NOW? _____ IF YES, WHAT DAYS AND TIMES? _____

HIGH SCHOOL STUDENTS ONLY: GPA _____ NAME OF SCHOOL PRINCIPAL OR COUNSELOR _____

PLEASE DESCRIBE YOUR EXPERIENCE AND INDICATE THE NUMBER OF YEARS WITH EACH OF THE FOLLOWING:

YEARS	YEARS	YEARS
PERSONAL COMPUTERS	DATA ENTRY	BOOKKEEPING
WORD PROCESSING (SOFTWARE)	CRT	ACCOUNTS PAYABLE
SHORTHAND	PHONES (HEAVY/LIGHT)	ACCOUNTS RECEIVABLE
LOTUS 1-2-3	TELXON	COMPUTERIZED (ON-LINE ACCOUNTING SYSTEM)
KEYPUNCH (REVERSE 10-KEY)	10-KEY (TOUCH)	FILING/RECORDKEEPING
FRONT END EQUIPMENT (VENDOR)	PUBLIC/CUSTOMER CONTACT	TYPING (W.P.M)

PLEASE INDICATE THE AREAS, AND THE NUMBER OF YEARS, IN WHICH YOU ARE EXPERIENCED AND SKILLED:

GROCERY	YEARS	STORE MANAGER	YEARS
PRODUCE	YEARS	ASSISTANT MANAGER	YEARS
MEAT WRAPPER	YEARS	DEPARTMENT MANAGER	YEARS
MEAT CUTTER	YEARS	DELI	YEARS
INVENTORY	YEARS	BAKERY	YEARS
STOCKING	YEARS	FLORAL	YEARS
RETAIL CHECKER	YEARS	VIDEO	YEARS
BUILDING MAINTENANCE	YEARS	JANITORIAL	YEARS
OTHER (PLEASE SPECIFY)			

PERSONAL REFERENCES (Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1. _____		
2. _____		

EMPLOYMENT RECORD

- BEGIN WITH CURRENT OR MOST RECENT EMPLOYER.
- IF APPLICABLE, INCLUDE MILITARY SERVICE.
- ATTACH ADDITIONAL SHEETS IF NECESSARY. USE SAME FORMAT.

1	FROM (MO/YR)	TO (MO/YR)	NAME OF EMPLOYER	ADDRESS
ENDING SALARY	SUPERVISOR	TITLE	PHONE	YOUR TITLE
DUTIES AND RESPONSIBILITIES				
				REASON FOR LEAVING OR WANTING TO LEAVE
2	FROM (MO/YR)	TO (MO/YR)	NAME OF EMPLOYER	ADDRESS
ENDING SALARY	SUPERVISOR	TITLE	PHONE	YOUR TITLE
DUTIES AND RESPONSIBILITIES				
				REASON FOR LEAVING
3	FROM (MO/YR)	TO (MO/YR)	NAME OF EMPLOYER	ADDRESS
ENDING SALARY	SUPERVISOR	TITLE	PHONE	YOUR TITLE
DUTIES AND RESPONSIBILITIES				
				REASON FOR LEAVING
4	FROM (MO/YR)	TO (MO/YR)	NAME OF EMPLOYER	ADDRESS
ENDING SALARY	SUPERVISOR	TITLE	PHONE	YOUR TITLE
DUTIES AND RESPONSIBILITIES				
				REASON FOR LEAVING

Name _____

Date _____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize this company to verify all the information that I have provided on this application. I give my consent for all persons contacted by this company, including, but not limited to, my former employers, to provide this company with information regarding this application, and I release each such person from any and all liability of whatever kind or nature arising out of that person providing information to this company regarding this application. To the best of my knowledge, all the above information or any attached or enclosed information including a resume is complete, true, and correct. I understand that any misrepresentation or omission of facts is cause for rejection of my application or possible termination of my employment.

I understand and agree that I may be tested as part of the application process. I also understand and agree that the test results may be used to help evaluate my suitability for employment.

I understand that if I am employed by this company that my employment and compensation can be terminated, with or without cause, with or without notice at any time, at the option of either the company or myself. I also understand that neither this application for employment nor any present or future employee handbook or personnel policy manual is an employment agreement, either expressed or implied.

I further understand that no representative of the employer other than the employer's president has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, except that certain positions may be covered by a collective bargaining agreement which sets forth the terms of employment governing such positions.

I understand that if I'm hired, I will be required to complete the Employment Eligibility Verification Form (I-9). I will also be required to show my Social Security Card to verify my Social Security Number for payroll purposes.

Signature of Applicant _____