

JOB APPLICATION

PERSONAL INFORMATION															
LAST NAME				FIRST NAME				MIDDLE NAME							
STREET ADDRESS										APT #					
CITY								STATE		ZIP					
PHONE NUMBER				ARE YOU 18 YEARS OLD or OLDER? YES NO				IF YOU ARE UNDER THE AGE OF 18, WHAT IS YOUR DATE OF BIRTH?							
JOB INTEREST(S)															
WHAT POSITION ARE YOU APPLYING FOR? <small>Mark any you are interested in:</small>		CASHIER		DELI/ BAKERY		MEAT/ SEAFOOD		HOW DID YOU LEARN ABOUT THIS JOB?							
		COURTESY CLERK		GROCERY STOCKER		PRODUCE									
FULL-TIME or PART-TIME?		FULL-TIME (35+ HRS/WK)		PART-TIME		EITHER		DO YOU HAVE ANY REGULARLY OCCURRING COMMITMENTS WHICH MIGHT PREVENT YOU FROM WORKING YOUR ASSIGNED SHIFTS? IF YOU ANSWER "YES", PLEASE EXPLAIN:							
EXPECTED RATE of PAY?				HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK?										YES	
WILL YOU WORK OVERTIME, IF ASKED?				YES		NO									
DO YOU HAVE A VALID DRIVER'S LICENSE?				YES		NO									
DO YOU HAVE RELIABLE TRANSPORTATION?				YES		NO		WILL YOU WORK WEEKDAYS, WEEKENDS, & HOLIDAYS, AS NEEDED?				YES		NO	
AVAILABILITY															
	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		
NOT AVAILABLE AT ALL															
AVAILABLE ONLY AS NEEDED															
AVAILABLE ANY TIME															
AVAILABLE FROM:	AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		
AVAILABLE UNTIL:	AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM		
EDUCATION															
							Last Yr Completed		Major or Emphasis				Degree		
HIGH SCHOOL		NAME					9 10 11 12								
		LOCATION													
COLLEGE or UNIVERSITY		NAME					1 2 3 4								
		LOCATION													
OTHER		NAME													
		LOCATION													
LIST ANY SPECIAL SKILLS, TRAINING, or PROFICIENCIES THAT YOU HAVE WHICH MIGHT BE APPLIABLE TO THE JOB(S) YOU ARE INTERESTED IN:															
HISTORY															
HAVE YOU EVER BEEN CONVICTED OF A FELONY or INCARCERATED IN CONNECTION WITH A FELONY?						YES		DO YOU HAVE ANY PRIOR MILITARY SERVICE EXPERIENCE?							
						NO									
IF YOU ANSWERED "YES", PLEASE EXPLAIN:								AIR FORCE		ARMY		COAST GUARD			
								MARINES		NATIONAL GUARD		NAVY			
IN CASE OF EMERGENCY, PLEASE CONTACT:															
CONTACT #1								CONTACT #2							
RELATIONSHIP for CONTACT #1								RELATIONSHIP for CONTACT #2							
PHONE NUMBER for CONTACT #1								PHONE NUMBER for CONTACT #2							

WORK EXPERIENCE			
MOST RECENT:			
EMPLOYER		JOB POSITION / JOB TITLE	
ADDRESS		STARTING DATE	STARTING RATE of PAY
CITY, ST, ZIP		ENDING DATE	ENDING RATE of PAY
PHONE NUMBER		JOB DUTIES / RESPONSIBILITIES	
IMMEDIATE SUPERVISOR			
ARE YOU STILL EMPLOYED HERE?	YES	NO	
ARE YOU / WILL YOU BE ELIGIBLE FOR REHIRE?	YES	NO	
MAY WE CONTACT THIS EMPLOYER?	YES	NO	REASON(S) for LEAVING
MOST RECENT:			
EMPLOYER		JOB POSITION / JOB TITLE	
ADDRESS		STARTING DATE	STARTING RATE of PAY
CITY, ST, ZIP		ENDING DATE	ENDING RATE of PAY
PHONE NUMBER		JOB DUTIES / RESPONSIBILITIES	
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PHONE NUMBER		JOB DUTIES / RESPONSIBILITIES	
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ARE YOU STILL EMPLOYED HERE?	YES	NO	
ARE YOU / WILL YOU BE ELIGIBLE FOR REHIRE?	YES	NO	
MAY WE CONTACT THIS EMPLOYER?	YES	NO	REASON(S) for LEAVING
READ BEFORE SIGNING:			
DISCLAIMER - BY SIGNING, I HEREBY CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS CORRECT. I UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION MAY PREVENT ME FROM BEING HIRED OR LEAD TO MY DISMISSAL IF HIRED. I ALSO PROVIDE CONSENT FOR FORMER EMPLOYERS TO BE CONTACTED REGARDING WORK RECORDS.			
SIGNATURE			TODAY'S DATE