

APPLICATION FOR EMPLOYMENT

Mr. D'S FOOD FAIR

All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. It is the policy and practice of this Company to provide all applicants for employment with equal employment opportunities without regard to age, race, religion, color, sex, national origin, handicap or any other status or condition protected by applicable law.

PLEASE PRINT

Name (Last) (First) (Middle)	Telephone No.
Current Address (Street)	Alternate No.
(City) (State) (Zip)	Social Security No.

Are you legally entitled to work in the United States? Yes No

Have you ever applied for a job with this company? Yes No If yes, where and when? _____

Have you ever worked at the company before? Yes No If yes, where and when? _____

The position you are applying for is _____ Salary expected: \$ _____ per _____

Other positions for which you would like to be considered: _____

Will you accept part-time employment? _____ If yes, specify the days and hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

If your application is considered favorably, what date can you start work? _____

Do you meet the age requirements for the position for which you are applying? Yes No

Can you work shifts? Yes No If "YES", what shifts can you work?

Can you work overtime? Yes No First (Early Mornings) Second (Afternoon-Evenings) Third (Nights)

List any special skills or abilities related to the job applied for: _____

Describe your greatest accomplishment from any previous position that you have held: _____

EDUCATION

(Circle Highest Grade Completed)

Elementary 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

	SCHOOL NAME	ADDRESS	DATES ATTENDED	AVERAGE GRADES	MAJOR
HIGH					
COLLEGE					
GRADUATE					
OTHER					

Courses now studying _____

EMPLOYMENT RECORD (PLEASE LIST MOST RECENT POSITION FIRST)

I.	DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
	FROM:			FROM:	
	TO:			TO:	
	Telephone:		Supervisor:		May we contact them?
II.	DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
	FROM:			FROM:	
	TO:			TO:	
	Telephone:		Supervisor:		May we contact them?
III.	DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
	FROM:			FROM:	
	TO:			TO:	
	Telephone:		Supervisor:		May we contact them?
IV.	DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIBE THE WORK YOU DID	SALARY	EXACT REASON FOR LEAVING
	FROM:			FROM:	
	TO:			TO:	
	Telephone:		Supervisor:		May we contact them?

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Telephone Number

MILITARY INFORMATION

Have you served in the U.S. Armed Forces? Yes No Branch of Service _____

Total Months of Active Duty _____ Rank of Induction _____ Highest Rank Attained _____

Specialized Military Experience _____

SECURITY INFORMATION

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense?

Yes No If yes, list date, city, charge and disposition. _____

(Conviction of a felony or misdemeanor will not automatically disqualify you from consideration for employment.)

READ BEFORE SIGNING

"This store does not discriminate on the basis of race, creed, national origin, sex, color, age, or non-job-related handicap or disability." However, we insist that all of our employees can perform the essential functions of their employment and have the character, integrity, and general reputation for honesty of a person we would be willing to have to represent our Company in its dealings with customers, suppliers and/or other employees. Accordingly, we insist on complete honesty. ANY LATER DISCOVERY THAT AN APPLICANT WAS NOT HONEST IN COMPLETING THIS APPLICATION WILL BE GROUNDS FOR DISCHARGE.

AFFIDAVIT:

I authorize or instruct this store to make whatever inquiries it deems necessary (of any former employer, personal reference, or school official named in this application or referred by a person named in this application) in order to verify any information given in my application and/or determine my qualifications and abilities and I agree to release and hold harmless those entities from any and all liability arising from the release of such information. I understand that such inquiries may include information as to my character, general reputation or personal characteristics. Statements I made in the application are true and complete. I understand that if, in the judgement of the Company, I have made any false statements, omissions, concealments, any misrepresentations or I have failed to answer any questions fully and accurately, or results of such investigation are not satisfactory, any offer made by the Company may be withdrawn or my employment with the Company may be terminated immediately, without any obligation to me other than for payment at the rate agreed upon for services rendered after I have been employed. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or myself. I further understand that no personnel recruiter or interviewer or other representative of the Company has any authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the Company's designated representative. I also give permission for a background check including but not limited to civil and criminal offenses.

Authorization Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY (Not to be completed by Applicant)

Position Hired For:	Department:
Date Employed:	Pay Rate: Hourly _____ Weekly _____
Work Permit:	Status:
Moonlighter: Regular _____ Student _____	Date Interviewed:

Interviewed By: _____

Reference Check

Position Number:	Results of Reference Check:
I.	
II.	
III.	
IV.	

Referenced By: _____

<p>Check If Completed:</p> <ul style="list-style-type: none"><input type="checkbox"/> I-9 Form<input type="checkbox"/> W-4 Tax Form<input type="checkbox"/> Work Permit Submitted (If Required)<input type="checkbox"/> Rules/Regulations Provided<input type="checkbox"/> Authorization Card (If Required)<input type="checkbox"/> Orientation Scheduled<input type="checkbox"/> Work Schedule Provided
