

APPLICATION FOR EMPLOYMENT

Please print all information except signature.



GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____ (2) _____

Referral Source Newspaper Friend Relative Employment Agency HigherEdJobs.com
 Internet Search Professional Journal Walk-in Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (_____) _____

Cell Phone (_____) _____ E-mail address _____

If under 18, can you provide a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
 (Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

When are you available for work? _____ Days Available: _____

Are you on a lay-off and subject to recall? Yes No

SEALED RECORD NOTICE

Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Within the past five years, have you been convicted of a misdemeanor? No Yes
 (Applicants may answer "no" with respect to a first conviction for drunkenness, simple assault, minor traffic violations, affray, or disturbance of the peace).

If yes, please explain. _____

Have you ever been convicted of a felony? No Yes

If yes, please explain. _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				

Special Honors _____

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills with which you are proficient (any version).

- PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Excel
 Other. Please list _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service: _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers that you have known at least 1 year.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

PLEASE SIGN HERE: _____ **Date** _____

Thank you for applying to Mountainside Market