



# Employment Application Form

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION

(Print) Full Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Are You Over 18 Years Old?  YES  NO **IF NOT**, State Date of Birth: \_\_\_\_\_  
 Are You Legally Able To Work In The United States?  YES  NO  
 (Proof of U.S. citizenship or work status will be required upon employment within 3 business days)  
 Have You Ever Worked For A Grocery Store Before?  YES  NO  
 If Yes, When and Where: \_\_\_\_\_  
 Type of Employment Desired:  Full Time  Part Time  Seasonal/Temporary  
 Other: \_\_\_\_\_  
 What Prompted You To Apply At the 2<sup>nd</sup> Street Market?  Referred By: \_\_\_\_\_  
 Walk-In  Newspaper Ad  Signage  Other: \_\_\_\_\_

## AVAILABILITY

Total Hours Available Per Week: \_\_\_\_\_ Position or Shift Applied For: \_\_\_\_\_  
 Do You Have Reliable Transportation to Get To Work?  YES  NO  
 Please Indicate The Times You Are Available For Work Each Day.

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Date You Are Available To Start Work: \_\_\_\_\_

## EDUCATION

Circle Last Grade Completed In School      8 or less,    10,    11,    12,    GED  
    College:    1,    2,    3    4  
 Name and Address of Last School Attended: \_\_\_\_\_  
 Are You Currently Attending School?  YES  NO

## QUALIFICATION STANDARDS

Qualification Standards for all positions include, but are not limited to, standing up for 5 hours at a time, carrying supplies up to 50 pounds, and must be able to lift and bend.

Is There Any Reason You Would Be Unable To Meet The Above Qualification Standard?  YES  NO  
 If Yes, Please Explain: \_\_\_\_\_

## MILITARY

Were You A Member Of The U.S. Armed Services?  YES  NO  
 Dates of Service: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer:	Date Employed	Work Performed:
	From      To	
Phone #:		
Address:	Hourly Rate	
	Starting      Final	
Supervisor:		
Reason For Leaving:		

Employer:	Date Employed	Work Performed:
	From      To	
Phone #:		
Address:	Hourly Rate	
	Starting      Final	
Supervisor:		
Reason For Leaving:		

Employer:	Date Employed	Work Performed:
	From      To	
Phone #:		
Address:	Hourly Rate	
	Starting      Final	
Supervisor:		
Reason For Leaving:		

May we contact your present employer:       YES       NO      Your Former Employers:       YES       NO

List any skills, honors, and experiences that provide additional information concerning your qualifications for employment.

Personal References: List the names of three people other than relatives and former or present employers whom we can contact as a personal reference.

**NAME**

**OCCUPATION**

**ADDRESS**

**PHONE**

The information I have provided on this employment application form is true, correct and complete. I understand that if I am employed here, any misstatements or omissions could result in my dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_