

# FOOD TOWN

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ T.D.L.#: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone numbers where you can be reached:  
Day: \_\_\_\_\_ Evening/Weekend: \_\_\_\_\_

Have you ever worked for Food Town in the past? \_\_\_\_\_ Which store? \_\_\_\_\_

List any friends or relatives employed by Food Town:

Name \_\_\_\_\_ Store \_\_\_\_\_

Name \_\_\_\_\_ Store \_\_\_\_\_

Name \_\_\_\_\_ Store \_\_\_\_\_

Have you ever been convicted of a felony or theft? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently awaiting trial? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on parole? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on deferred adjudication? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction of a felony or theft is not an automatic bar to employment. List the type and nature of each offense, the circumstances, and rehabilitation since the offense will be considered.

Please provide information regarding all of these matters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATION

Did you graduate?

Diploma/Degree

Grade School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Duties or Training \_\_\_\_\_

### LIST ANY PROFESSIONAL LICENCES and/or CERTIFICATIONS:

Type:	Agency or State Issued:	Date Issued:	Numbers:
_____	_____	_____	_____
_____	_____	_____	_____

### AN EQUAL OPPORTUNITY EMPLOYER

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of protected disability or any legally protected status.**

**EMPLOYMENT DESIRED AND AVAILABILITY:**

Type of Work Desired	Shift	Salary
1 <sup>st</sup> _____	_____	_____
2 <sup>nd</sup> _____	_____	_____
3 <sup>rd</sup> _____	_____	_____

Date Available: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Are you willing and able to work:

Weekends? Yes\_\_\_ No\_\_\_ Holidays? Yes\_\_\_ No\_\_\_ Rotation? Yes\_\_\_ No\_\_\_

Indicate shift or schedule preference: Day\_\_\_\_\_ Evening \_\_\_\_\_ Night\_\_\_\_\_

What are your reasons or goals for seeking the position(s) you have indicated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be able to work on an "as needed, on call" basis before being considered for a full-time position?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have any responsibilities that would limit your availability to work?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation? Yes\_\_\_\_\_ No\_\_\_\_\_  
Will you abide by the safety rules of this company? Yes\_\_\_\_\_ No\_\_\_\_\_

**EMPLOYMENT RECORD:**

Are you currently employed? Yes\_\_\_\_\_ No\_\_\_\_\_

We routinely contact an applicant's prior employers for reference checks. Would this pose any particular difficulty for you? Yes\_\_\_\_\_ No\_\_\_\_\_ If "Yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_

List Previous Employment Information:

Current or Last Employer  
Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Previous Employer

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Next Previous Employer

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Position/Duties: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills; which would assist us in placing you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References

Name	Phone/Address	Position	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT CERTIFICATION:**

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, implications, or omissions made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job physical examination and my employment will be conditional upon passing such examination. During such employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. I further understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, conditions, and operating policies at any time. I understand the operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or manager. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, in writing, signed by the president. I have read and understand the above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name