

LEWIS FOOD TOWN EMPLOYMENT APPLICATION

Federal law prohibits discrimination on the basis of race, color, religion, disability, sex, or national origin, as well as discrimination on the basis of age against persons over the age of 40. Some state and city legislation prohibits discrimination on the basis of age, marital status, sexual preference, race, color, religion, sex, national origin, or any other basis prohibited by law. This employment application is only active for 30 days. After this time period a separate employment application must be submitted in order to be considered for employment.

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

How did you find out about this job? Newspaper Referral Other _____

If hired, do you have a reliable means of transportation to get to work? Yes No What is it? _____

Minimum salary expected _____ Are you at least 18 years old? Yes No

If the job you are applying for requires driving: Driver's License No. _____ State Issued _____ Expiration Date _____

Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hire.)

Have you been convicted of a felony or theft in the last ten years? Yes No Are you currently on parole? Yes No

Are you currently awaiting trial? Yes No Are you currently on deferred adjudication? Yes No

If you answered yes to any of the previous question, state the nature of the offense and disposition of the case. Include dates and places.
(NOTE: Felony convictions or the existence of a criminal record do not constitute an automatic bar to employment.)

Employment Data

Are you seeking? Temporary Full-time Part-time What position(s) are you applying for? _____

What hours and shift(s) would you prefer to work? _____ Not prefer? _____

Please indicate any shift(s) you would not be available to work. _____

Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No

Are you currently employed? Yes No If hired, when would you be able to start? _____

Have you ever worked for this organization before? Yes No If yes, name used: _____

List any friends or relatives employed by this company: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

How many days have you missed from/been late to school or work within the last year other than approved vacation, sick, or Disability leave? _____ Please describe: _____

Education (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Secondary: 9 10 11 12 G.E.D

Name of School: _____

Location of School: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

If currently in high school, are you enrolled in a recognized co-op program?

Yes No If yes, please name program and school? _____

List any Professional Licenses and/or Certifications:

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

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Military Service

Are you a veteran? Yes No If yes, please give dates of service: From _____ To _____

List any special skills or training: _____

Work History (Please list your last three employers. Begin with the most recent.)

1. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties _____
Specific reason for leaving: _____

2. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties _____
Specific reason for leaving: _____

3. Company _____ Phone No. with Area Code (____) _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name & Title _____
Describe duties _____
Specific reason for leaving: _____

May we contact all the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why: _____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in: _____

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, or implications 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. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company. A summary of your rights under the Fair Credit Reporting Act are provided with Authorization of Background Investigation Form. 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 offer 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, benefits, and conditions at any time. 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, who may do so only in writing. I have read and understand the above.

Applicant's Signature _____ Date _____

Check over the foregoing application, making sure it is complete and signed.