



WE ARE 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 a non-job-related medical condition or handicap, or any other legally protected status.

Application For Employment

Please Print

Position Applied For:	Date Of Application:
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How did you learn about us?

- Advertisement Friend Walk-in
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name	Social Security Number
Current Address: Number	Street	City	State Zip Code
Telephone #	Best time to reach	Answering machine	<input type="checkbox"/> Y <input type="checkbox"/> N
May we contact you at work?	If Yes, work number and best time to call		<input type="checkbox"/> a.m. or <input type="checkbox"/> p.m.
e-mail address			

If you are under 18 years of age, please state your age and date of birth _____

Date available for work: ___/___/___

Are you available to work: Full-time Part-time Shift Work Temporary

Are you available to work overtime if required? Y N

Are there any hours or days you are unable to work Y N

If yes please specify. _____

Are you currently employed? Y N

May we contact your current employer? Y N

Many jobs in a supermarket require certain physical abilities. If your job requires it, do you have the ability to regularly lift 50 Lbs., squat, turn, stand long-term, or perform repetitive motion activities? Y N

If not, please state your limitation _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education

Please circle the highest grade you completed in school: 7 8 9 10 11 12 13 14 15 16+

SCHOOL NAME	CITY/STATE	NUMBER OF YEARS COMPLETED	DEGREE
High School			
College			
Other			
Other			

References

List name and telephone number of three references who are not related to you and are not previous employers. You may list co-workers, school or personal references who are not related to you.

NAME	RELATIONSHIP	TELEPHONE AND TIME TO REACH	# OF YEARS KNOWN

List any additional information you would like us to consider:

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	

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		FINAL		
		\$	PER	

COMMENTS (Including explanation of any gaps in employment) _____

Have you ever filed an application with us before? Y N

If yes, give dates: _____ Position applied for: _____

Have you ever been employed with us before? Y N

If yes, give dates and position: _____

Are you currently on "lay-off" status and subject to recall? Y N

Can you travel if job requires it? Y N

Driver's license number if driving is an essential job function: #: _____ State: _____

Are you legally eligible for employment in this country? Y N

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?
 Yes No (Such conviction may be relevant if job related, but does not bar you from employment)
If yes, explain _____

CERTIFICATION AND RELEASE: I certify that I have read and understood the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I authorize any and all employers, including my current employer, to release any information concerning my job performance and work record including attendance, disciplinary and performance records, to Moon's Hometown Market, and I hereby release any and all employers, including my current employer, from any liability for any damage whatsoever for releasing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, **I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.**

Signed _____ Date _____