## **TOWN & COUNTRY DISCOUNT FOODS**

## **APPLICATION FOR EMPLOYMENT**

\*\*\* ALL APPLICANTS SUBJECT TO DRUG TESTING AND BACKGROUND CHECK \*\*\*

PERSONAL INFORMATION									
NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)				SOCIAL S	ECURITY	NO.	DATE		
ADDRESS		CITY		STATE		ZIP CODE			
TELEPHONE NUMBER			ONE NUMBER	E-MAIL A	E-MAIL ADDRESS				
DRIVER'S LICENSE # AND STATE OF ISSUANCE			AT LEAST 18 YEAR □ No	S IF YOUNG	IF YOUNGER THAN 18, DATE OF BIRTH				
HAVE YOU EVER BEEN EMPLOYED BY TOWN & COUN	TRY BEFORE?								
Yes No					DATE AV	All ADI E TO DE	CINI WORK		
PRIMARY TYPE OF WORK APPLIED FOR (POSITION)				DATE AVAILABLE TO BEGIN WORK					
ALL POSITIONS REQUIRE LIFTING UP TO 40 POUNDS ABILITY TO PERFORM YOUR JOB?  ☐ Yes ☐ No	(HIGHER FOR STO	OCKERS), D	O YOU HAVE ANY F	HYSICAL CON	DITION TH	IAT MAY LIMI	T YOUR		
DO YOU HAVE CURRENT CRIMINAL CHARGES AGAINST YOU OR HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE?  Yes No			IF YES, EXPLAIN (ATTACH ADDITIONAL SHEETS IF NECESSARY)						
ARE YOU A CITIZEN OF THE UNITED STATES?  ☐ Yes ☐ No			IF NOT, HAVE YOU RECEIVED AUTHORIZATION FROM THE UNITED STATES IMMIGRATION & NATURALIZATION SERVICE TO WORK IN THIS COUNTRY?  ☐ Yes ☐ No						
LIST ANY TIMES (DAYS AND HOURS) THAT YOU WOU	LD <i>NOT</i> BE ABLE	TO WORK.							
EDUCATION									
	NAME & LOCAT SCHOOL	ION OF	YEARS ATTENDED	GRADUATION	DATE	COURSE OF DEGREE EAR			
HIGH SCHOOL									
COLLEGE									
TRADE, BUSINESS, CORRESPONDENCE OR GRADUATE SCHOOL									

Do Not Write Below - For Office Use Only - TO BE COMPLETED BY HIRING SUPERVISOR							
References Checked	Date Complet	Date Completed:					
Scheduled for an Interview	Date	Date			Time		
Department	Badge Numbe	er	Full Time	Part Time	Pay Rate		
Forms Completed	W-4 Form	I-9 Form	Employee Policy	Tobacco Policy	Drug Policy		
Position	Copy Driver's	Copy Driver's License		Other			

SPECIAL TRAINING, SKILLS, COURSEWORK, CERTIFICATIONS SPECIFICALLY RELATED TO THIS POSITION (Attach Resume if Necessary)

EMPLOYMENT HISTORY							
DATE MONTH & Y			SALARY		REASON FOR LEAVING		
FROM							
то							
FROM							
ТО							
FROM							
ТО							
	REI	FERENCES (List	below the names of three persons not	related to you,	whom you have known at leas	one year)	
NAME		ADDRESS	BUSINESS	PH	IONE	YEARS KNOWN	
1							
2							
3							
APPLICANTS UNDER 18 ONLY  Federal laws prohibit non-farm employees less than 18 years of age from jobs that are hazardous. If you are under 18 and hired by Town and Country, you will not be allowed to do any job that is hazardous. Hazardous jobs include using sharp objects (slicers, knives, saws, etc.), operating machinery, and handling hazardous material. Any violation is cause for dismissal.							
DATESIGNATURE OF GUARDIAN							
Our OSHA approved First Aid Station is stocked with over the counter pain medications. Please indicate if you want the applicant to have access to these.   No							
DATE	SIGNATURE OF GUARDIAN						
I certify that the foregoing answers are true and correct to the best of my knowledge and understand that any misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. The correctness of all statements made in this application may be investigated. In connection with such investigation, I authorize all former employers and other persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant, and I release all employers or other persons supplying or requesting such information from any and all liability.  DATE							
I recognize and acknowledge that Town & Country is fully committed to a work place free from illegal drugs and persons who abuse drugs. In							
	essly conse	nt to a pre-employmen	t drug test. A positive test wil				
DATE SIGNATURE OF APPLICANT OR GUARDIAN							