

DON'S QUALITY MARKET, INC.**Employment Application**

Date _____

an Equal Opportunity Employer

PERSONAL INFORMATION : Name _____

Address _____ Phone _____

Street City State Zip

18 Years or Older? Yes ☐ No ☐ Available Weekends Yes ☐ No ☐ Date Available _____Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes ☐ No ☐

DESIRED EMPLOYMENT: Position _____ Start Date _____

Desired Salary _____ Are you employed now, if yes where? _____

If so may we contact your employer? Yes ☐ No ☐ Have you ever applied to this company before? Yes ☐ No ☐

EDUCATION:

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR OR MIDDLE SCHOOL				
HIGH SCHOOL				
COLLEGE OR TECHNICAL SCHOOL				

EMPLOYMENT EXPERIENCE: List present or last place of employment first.

COMPANY	ADDRESS	PHONE
JOB TITLE	SALARY	SUPERVISOR
FROM/TO:	REASON FOR LEAVING	

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FROM/TO:	REASON FOR LEAVING	

REFERENCES: List the names of 2 persons not related to you, whom you have know at least one year.

1.					
	NAME	ADDRESS	PHONE	YRS. ACQUAINTED	OCCUPATION

2.					
	NAME	ADDRESS	PHONE	YRS. ACQUAINTED	OCCUPATION

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. **Be Specific.**

PHYSICAL RECORD: Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes ___ No ___ If yes, what can be done to accommodate your limitation? _____

NOTE: This application will be considered without regard to race, color, religions, national origin, age, sex, disability, marital status or arrest record.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that they have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice, with or without cause.

Signature _____ Date _____

Interviewed by _____ Date _____

Notes: