

# WEST STREET MARKET

## Employment Application



The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be complete. In accordance with state and federal law we do not discriminate on the basis of age, race, religion, color, sex, national origin, disability, sexual orientation, gender identity, pregnancy, physical disability, mental disability, or retaliation. ~ AN EQUAL OPPORTUNITY EMPLOYER~

### APPLICANT INFORMATION

Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Cell Phone				Social Security No.				Desired Salary		
Position Applied for				Birthdate (if under 18)						
Employment desired:	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Open			Are you employed now?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Date available:				Total hours available per week?						
Please indicate hours, times & days of the week you are available to work:										
Are you legally able to be employed in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, explain:					
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
*Have you ever been convicted of a crime?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					

\*Note: A conviction will not necessarily disqualify an application for consideration for employment.

### EDUCATION

High School				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
College				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	
Other				Address						
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree	

### REFERENCES

Please list three personal or professional references who are not related to you.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT (LIST BEGINNING WITH THE MOST RECENT)**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**IMPORTANT – READ CAREFULLY**

**DISCLAIMER AND SIGNATURE**

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal. I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I will comply with the Company's rules and regulations.

I hereby authorize release of any information regarding any criminal convictions that may exist against me and ask my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record and I hereby release them and each of them from any damage or liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that my answers are true and complete to the best of my knowledge.

I hereby acknowledge that I have read and understood the above statement.

Signature

Date