



# Shoppers Saver Foods Application for Employment

Instructions to Applicant: **Please fill in all spaces.** If an item does not apply, write "N/A." This application will not be valid and processed unless completed in full. *Please print clearly and use only black or blue ink.* Provide only the information requested.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

From your review of the job functions for the position for which you are applying, are you able to perform the essential functions of the job? \_\_\_\_ Yes \_\_\_\_ No

Is there any time of the day or night, or particular days of the week, including weekends, which you are unable to work? \_\_\_\_ Yes \_\_\_\_ No If yes, state when: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Regular, Part-Time

If part-time, please state the number of hours and what days you are available to work: \_\_\_\_\_  
\_\_\_\_\_

Are You Over The Age Of 18?: \_\_\_\_\_

Date available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Wage/Salary Range: \$ \_\_\_\_\_

Have you ever been previously employed by our organization? Yes No \_\_\_\_\_

Do you have the legal right to work in the United States? Yes No \_\_\_\_\_

(If hired, proof of authorization to work will be required.)

Can you travel if the job requires it? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to work overtime? \_\_\_\_ Yes \_\_\_\_ No

Are you presently employed? \_\_\_\_ Yes \_\_\_\_ No

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

Why do you wish to change jobs? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No \_\_\_\_\_

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

### Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: \_\_\_\_\_  
\_\_\_\_\_

### Employment History

List all work history, beginning with the most recent. Include period(s) of military service and self-employment. Use additional pages if necessary. If you cannot recall any information, please note.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Employment History (Continued)



Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Please account for all periods of unemployment longer than three (3) months: \_\_\_\_\_

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_  

Name & Location	Years Completed	Degree Earned
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College: \_\_\_\_\_  

Name & Location	Years Completed	Degree Earned
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Technical Training: \_\_\_\_\_  

Name & Location	Years Completed	Degree Earned
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Other: \_\_\_\_\_  

Name & Location	Years Completed	Degree Earned
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**IMPORTANT: READ CAREFULLY**

By signing below, I authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above on this application, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I release those employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.

I understand and accept that as part of the application and employment process, and/or during employment with CV's Foodliner, Inc., I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I agree to submit to such examinations and release all persons and companies from any liability arising out of such examinations, tests, and fingerprinting. I further agree that the examining person may disclose to CV's Foodliner, Inc., or its representative the results of same.

**BY SIGNING BELOW, I VERIFY THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_