

EMPLOYMENT APPLICATION

(please print clearly) Email Address: _____

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Cell _____ Email _____

Position/Department applied for _____ When can you start work? _____

Can you work part time? _____ full time? _____ If full time is not available, will you work part time? _____

How many hours can you work per week? minimum _____ maximum _____ Wage desired _____

List the hours you can work on a weekly basis. Include the start and stop time:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start							
Stop							

How long do you anticipate being available to work the above hours? _____

Are you a citizen of the United States? __Yes __No If not, do you have work papers? __Yes __No

Are you 16 years or older? __Yes __No

Education

High School _____ Graduate? __Yes __No Degree Type _____

Trade School _____ Graduate? __Yes __No Degree Type _____

College _____ Graduate? __Yes __No Degree Type _____

Graduate _____ Graduate? __Yes __No Degree Type _____

Previous Employment (begin with most recent position)

Company _____ Address _____

Supervisor _____ Phone Number(s) _____

Type of Business _____ Position(s) Held _____

Employed from _____ to _____ Ending Salary _____

Reason for Leaving _____

Company _____ Address _____

Supervisor _____ Phone Number(s) _____

Type of Business _____ Position(s) Held _____

Employed from _____ to _____ Ending Salary _____

Reason for Leaving _____

Company _____ Address _____

Supervisor _____ Phone Number(s) _____

Type of Business _____ Position(s) Held _____

Employed from _____ to _____ Ending Salary _____

Reason for Leaving _____

Are you looking for short or long term employment? _____ For how long? _____

Why do you want to work at Life Grocery? _____

What skills or special interests would you bring to Life Grocery? _____

Why do you think we should hire you? _____

Summarize your strengths _____

Summarize your weaknesses _____

What are your short-term goals? _____

What are your long-term goals? _____

How often are you typically late _____ absent _____ from work?

How many times during the course of one year do you anticipate needing to take time off?

Do you have any other job opportunities pending at this time? ___ yes ___ no

Have you ever shopped at Life Grocery? ___ yes ___ no

References: Please furnish the names and phone numbers of two people to whom you are not related and with whom you have not worked.

Name _____ Relationship _____

Business/Company _____ Phone _____

Name _____ Relationship _____

Business/Company _____ Phone _____

Who may we thank for referring you to us? (name of person or agency) _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that my continued employment may be contingent upon passing a drug test.

Signature of Applicant _____ Date _____