

SAUBEL'S MARKET

RETAIL APPLICATION FOR EMPLOYMENT

We assure an equal opportunity to all applicants and associates without regard to race, color, religion, sex, age, national origin, disability, arrest record or marital status, and affirmatively seek to advance the principles of equal opportunity employment.

(Please Print Clearly) Date: _____

NAME _____ TELEPHONE NO. _____
Last First Middle Initial

PRESENT ADDRESS _____
No. Street City State Zip Code

ARE YOU AT LEAST 18 YEARS OLD? _____ IF NOT, HOW OLD? _____

IF UNDER 18, DO YOU HAVE WORKING PAPERS? YES _____ NO _____ CERTIFICATE NO. _____ DATE _____

POSITION(S) APPLIED FOR: _____ Rate of Pay Expected: _____

Would you work: Full-Time _____ Part-Time _____ Shrewsbury Location _____ Stewartstown Location _____ Whiteford Location _____

Hours you <u>can</u> work:	From	To		From	To
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____	Sunday	_____	_____
Thursday	_____	_____			

Do you know of any restrictions, personal or otherwise, which would restrict the hours you can work? Yes _____ No _____

If yes, please explain: _____

Were you previously employed by this store or an affiliated store? _____ If yes, when and where: _____

List any friends or relatives working for us: _____

	Name	How Related

	Name	How Related

Are you prevented from lawfully beginning employment in this country because of Visa or immigration status? Yes _____ No _____
 (Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a crime other than a traffic violation? Yes _____ No _____

If yes, state nature of crime: _____

Summarize special skills and qualifications acquired from employment, education or other experience: _____

EDUCATION

School	Name and Location	Highest Grade Completed	List Degree or Diploma	Major
High School		9, 10, 11, 12		
College		1, 2, 3, 4		
Other				

BEGINNING WITH YOUR MOST RECENT POSITION, LIST ALL PRESENT AND PAST EMPLOYMENT:

1. Company Name		Employed From To		Name of Supervisor:	
Address		Rate of Pay Start Last		Your Title:	
Phone	Type of Business	Reason for Leaving		Job Responsibilities:	

2. Company Name		Employed From To		Name of Supervisor:	
Address		Rate of Pay Start Last		Your Title:	
Phone	Type of Business	Reason for Leaving		Job Responsibilities:	

3. Company Name		Employed From To		Name of Supervisor:	
Address		Rate of Pay Start Last		Your Title:	
Phone	Type of Business	Reason for Leaving		Job Responsibilities:	

4. Company Name		Employed From To		Name of Supervisor:	
Address		Rate of Pay Start Last		Your Title:	
Phone	Type of Business	Reason for Leaving		Job Responsibilities:	

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact _____

Have you ever been discharged or asked to resign by any former employer? Yes _____ No _____

If yes, please explain: _____

CONDITIONS: I attest that all information in this application is true and authorize the company to investigate all statements concerning my character, reputation and work history. I understand that any offer of employment may be contingent on my passing a drug screen and/or a post-offer medical examination. It is understood that any misrepresentation by me of facts required on this application will be sufficient cause for non-employment or immediate dismissal from the company should I have been employed. I agree to conform to the policies and rules of the company, and understand that my employment and compensation are at the will of the company. All applicants will be required to furnish proof of identity and legal work authorization prior to hire.

Date _____ Signed _____

This application of employment is not intended to be a contract of employment. _____
 Interviewer Date