



APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN: CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY

DATE:

PERSONAL

First name _____ Middle _____ Last _____
 Street and number _____ Social Security No. - -
 City/State _____ Zip _____ Telephone No. - -
 How did you find out about this job? Newspaper Referral Other
 How many addresses have you had in the last 5 years?
 Driver license # _____ State Issued _____ Expiration Date _____
 If hired, do you have a reliable means of transportation to get to work? Yes No
 Salary desired _____
 Are you a U.S. citizen? Yes No . If no, do you have the legal right to work in the U.S.,
 (i.e., Green Card) Yes No . Are you at least 16 years old? Yes No

EMPLOYMENT DATA

Are you Seeking: Full Time Part Time
 What position(s) are you applying for?
 What hours and shift(s) would you prefer to work?
 Please indicate any shift(s) you would not be available to work?
 Are you willing to work overtime? Yes No Weekends? Yes No Nights? Yes No
 Are you currently employed? Yes No When would you be able to start?
 Have you ever worked for this Friendship Food Stores before? Yes No Name used:
 List any friends or relatives employed by this company:
 Are you on layoff and subject to recall? Yes No
 Have you ever been discharged or asked to resign from any position? Yes No
 If yes please describe:
 Now many days have you missed from school or work within the last 12 months? Late
 How many days of work have you missed in the last 3 years for other than sickness?
 Please describe:

EDUCATION

Please circle highest level attained

Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 G.E.D.
 Name and City of School attended:
 College 1 2 3 4 5 6 Name & City of College:
 Degree & Major:
 Are you a veteran? Yes No If yes, give dates of service: From To
 Special skills or training:

WORK HISTORY Please list your last 3 employers. Begin with the most recent employer.

Company	Address	Phone	From/Mo./Yr	To/Mo./Yr
Job Title	Give specific reason for leaving		Supervisor's Name/Title	
Describe duties briefly:			Start Salary	End. Salary

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May we contact the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last 10 years that are not listed?

Why are you seeking a new position at this time?

What is the job you have enjoyed most and why?

List any outside interests including organizations you're active in that are business related.

List special skills or training you have had.

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony? Yes No On parole? Yes No Awaiting Trial? Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places. **NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment.**

I authorize this company to make an investigation of all information contained in this application for employment and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me; whether, prior to my employment or if employed by this company at any time thereafter. If requested, I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed such employment is for an indefinite period of time and that the company may change wages, benefits, and conditions at any time. My employment is at will. I have read and understand the above.

Applicant's Signature _____ Date _____

CHECK OVER THE FORGOING APPLICATION AND BE SURE IT IS COMPLETE, ACCURATE, AND SIGNED!