



Employment Application Form

Position Applied For: _____

Date: _____

PERSONAL INFORMATION

(Print) Full Name: _____

Present Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____

Are You Over 18 Years Old? YES NO **IF NOT**, State Date of Birth: _____

Are You Legally Able To Work In The United States? YES NO

(Proof of U.S. citizenship or work status will be required upon employment within 3 business days)

Have You Ever Worked For A Grocery Store Before? YES NO

If Yes, When and Where: _____

Type of Employment Desired: Full Time Part Time Seasonal/Temporary

Other: _____

What Prompted You To Apply At the Village Market? Referred By: _____

Walk-In Newspaper Ad Signage Other: _____

AVAILABILITY

Total Hours Available Per Week: _____ Position or Shift Applied For: _____

Do You Have Reliable Transportation to Get To Work? YES NO

Please Indicate The Times You Are Available For Work Each Day.

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Date You Are Available To Start Work: _____

EDUCATION

Circle Last Grade Completed In School

8 or less	9,	10,	11,	12,	GED
College:	1,	2,	3	4	

Name and Address of Last School Attended: _____

Are You Currently Attending School? YES NO

QUALIFICATION STANDARDS

Qualification Standards for all positions include, but are not limited to, standing up for 5 hours at a time, carrying supplies up to 50 pounds, and must be able to lift and bend.

Is There Any Reason You Would Be Unable To Meet The Above Qualification Standard? YES NO

If Yes, Please Explain: _____

MILITARY

Were You A Member Of The U.S. Armed Services? YES NO

Dates of Service: _____

EMPLOYMENT HISTORY

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

May we contact your present employer: YES NO Your Former Employers: YES NO

List any skills, honors, and experiences that provide additional information concerning your qualifications for employment.

Personal References: List the names of three people other than relatives and former or present employers whom we can contact as a personal reference.

NAME

OCCUPATION

ADDRESS

PHONE

The information I have provided on this employment application form is true, correct and complete. I understand that if I am employed here, any misstatements or omissions could result in my dismissal.

SIGNATURE: _____ DATE: _____