

SUPER A FOODS, INC.

EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

FOR OFFICE USE ONLY	
EMPL. #	
STORE #	
RATE	
HIRE DATE	
POSITION	
UDS	PHY
B-DAY	
RACE CODE	

DATE	LAST NAME	FIRST NAME	MIDDLE INITIAL
PERMANENT ADDRESS		CITY	STATE ZIP ()
SOCIAL SECURITY NUMBER	BIRTH DATE IF UNDER 18 YRS.	TELEPHONE	

EMPLOYMENT INFORMATION

HOURS AVAILABLE

	M	T	W	T	F	S	S
FROM:							
TO:							

POSITION APPLYING FOR: _____

IF HIRED, WHEN CAN YOU START? _____

SALARY DESIRED: _____

NAME OF REFERRAL SOURCE: _____

WILL YOU ACCEPT PART-TIME WORK? YES NO

PERSONAL INFORMATION

NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION: _____

HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? YES NO

(IF UNDER 18, HIRE IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE)

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED.

(NOTE: WE COMPLY WITH THE ADA AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? YES NO

(CONVICTIONS FOR MARIJUANA RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED)

IF YES, STATE NATURE OF THE CRIME(S) WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE

(Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.)

EDUCATION, TRAINING AND EXPERIENCE

WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED IN HIGH SCHOOL? _____ COLLEGE? _____

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH YOU FEEL MAKE YOU

ESPECIALLY SUITED FOR WORK AT **SUPER A FOODS**? YES NO

IF SO, PLEASE EXPLAIN: _____

MANY OF OUR CUSTOMERS (CLIENTS) DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE, OR UNDERSTAND ANY FOREIGN LANGUAGES? YES NO

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? YES NO

EMPLOYMENT HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER (LAST FIVE YEARS IS SUFFICIENT). ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

NAME OF EMPLOYER _____

TELEPHONE NUMBER _____

TYPE OF BUSINESS _____

SUPERVISOR'S NAME _____

ADDRESS & STREET _____

CITY STATE ZIP _____

DATE OF EMPLOYEMENT: FROM _____ TO _____

WEEKLY PAY: _____

YOUR POSITION AND DUTIES _____

MAY WE CONTACT THIS EMPLOYER? YES NO

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

TELEPHONE NUMBER _____

TYPE OF BUSINESS _____

SUPERVISOR'S NAME _____

ADDRESS & STREET _____

CITY STATE ZIP _____

DATE OF EMPLOYEMENT: FROM _____ TO _____

WEEKLY PAY: _____

YOUR POSITION AND DUTIES _____

MAY WE CONTACT THIS EMPLOYER? YES NO

REASON FOR LEAVING _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that not promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ As a condition of employment a drug screening urinalysis is required. Failure to successfully complete the required drug screening process will result in rejection.

_____ Date

_____ Applicant's Signature