



Date of Application _____

Position Applied For _____

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. Robért, in accordance with state and federal law does not discriminate on the basis of age, race, religion, color, sex, national origin, or disability where otherwise qualified.

Application for Employment

Last Name		First Name		Middle	Social Security Number
Street Address				Phone Number	
City		State	Zip Code	Email	
Employment Desired		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary		Date You Can Start	
Position Applied For				Salary Desired	
Are You Employed Now?			If So, May We Inquire Your Present Employer?		
Have you ever been employed with Robért Fresh Market before?		When?	Why Did You Leave?		
Do You Have Any Relatives Who Work For Robért Fresh Market?		If So, Their Name(s)?			
Please Indicate Hours, Time & Days Of The Week You Are Available To Work.					
If Employed, Can You Verify That You Are At Least 18 Years Of Age?					
If Under 18, Do You Have A Valid Work Permit?					
Date Available To Start Work:			Can You Work Overtime?		
How Were You Referred To Us?		<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Government Employment Agency			
<input type="checkbox"/>	Employee or Relative	Name			
<input type="checkbox"/>	School, College, Or High School	Name		<input type="checkbox"/> Other	
Have You Ever Been Convicted Of A Crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain.	
<p>*Note: A Conviction Will Not Necessarily Disqualify An Application From Consideration For Employment.</p> <p><i>~ An Equal Opportunity Employer ~</i></p>					

Education

School Name	School Address	No. Of Years Completed	Graduated
High School	Address City State Zip		
College or Technical School	Address City State Zip		
Trade or Graduate School	Address City State Zip		

Employment History (List Present and Past Employment, Beginning with the most Recent.)

Dates	Employer	Your Duties	Rate of Pay	Reason for Leaving
<u>Last Job</u>	Name		Start:	
From:	Address		Finish:	
To:	City, State, Zip			
Phone	Supervisor	Supervisor Title		
<u>Last Job</u>	Name		Start:	
From:	Address		Finish:	
To:	City, State, Zip			
Phone	Supervisor	Supervisor Title		
<u>Last Job</u>	Name		Start:	
From:	Address		Finish:	
To:	City, State, Zip			
Phone	Supervisor	Supervisor Title		

Personal References

List the name, address, and phone number of three business/work references who are not related to you and are not previous supervisors.

Name	Phone Number
Address	
City	State Zip
Name	Phone Number
Address	
City	State Zip
Name	Phone Number
Address	
City	State Zip



IMPORTANT: READ CAREFULLY

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I will comply with the Company's rules and regulations. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary be terminated at any time, for any reason, without notice. No person other than the President of the Company may modify or amend the provisions stated herein.

I hereby authorize release of any information regarding any criminal convictions that may exist against me and ask my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on the application are true and complete.

I hereby acknowledge that I have read and understood the above statement.

DATE

SIGNATURE