

central market



APPLICATION FOR EMPLOYMENT

Name (Last)		First	Middle Initial	Social Security Number
Present Street Address		City/State	Zip Code	Phone Number ()
Are you a citizen of the U.S. or do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any offer of employment is conditioned upon completing form 1-9 and providing documents establishing identity and work authorization.		
Position applying for:		Wage requested	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
In the past 5 years have you been convicted of a felony relating to theft or dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?	Where?	
Nature and disposition of Conviction				
Have you previously applied for employment with Central Market? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?		
Are you related to any associate employed by Central Market? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, who?		
Date available for employment	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, applicant will be required to submit a birth certificate or work certificate as required by state or Federal law.		

Name and city of last school attended.	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Minor
Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and address of school.			<input type="checkbox"/> Day <input type="checkbox"/> Night

List any other education, accomplishment or special interests that would benefit you in this position:

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Total hours per week available for work.	How far do you live from the store?
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REFERENCES

Name/Occupation	How Known?	Phone

EMPLOYMENT HISTORY

(List all present and past employment beginning with the most recent.)

Company Name and Address	Immediate supervisor	
Phone ()	Pay rate at time of employment	Dates of employment From: To:
Reason for leaving: (if applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes If No, why not? <input type="checkbox"/> No

Company Name and Address	Immediate supervisor	
Phone ()	Pay rate at time of employment	Dates of employment From: To:
Reason for leaving: (if applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes If No, why not? <input type="checkbox"/> No

Company Name and Address	Immediate supervisor	
Phone ()	Pay rate at time of employment	Dates of employment From: To:
Reason for leaving: (if applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes If No, why not? <input type="checkbox"/> No

DECLARATION

(Carefully read and initial each section, then sign at bottom.)

I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, with the exception of contacting my present employer if I have so requested. I have read, understand and agree to the above statement.
(Please initial here) _____

I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to sixty (60) days and upon my continued successful performance. I have read, understand, and agree to the above statement.
(Please initial here) _____

While this application will be retained on file for a period of one year, I acknowledge that this application will be considered active for a period of sixty (60) days. At that time, I must submit a new application to be considered for any employment openings. I have read, understand and agree to the above statement.
(Please initial here) _____

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with **Central Market** any employment relationship with the Company is considered "employment at will," which means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the President/CEO of **Central Market**. I have read, understand and agree to the above statement.
(Please initial here) _____

If I should be employed by the Company, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understand and agree to the above statement.
(Please initial here) _____

I authorize the references listed above to give representatives of **Central Market** any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understand and agree to the above statement.
(Please initial here) _____

Signature _____ **Date** _____