

Constantino's Market



THIS APPLICATION WILL BE CONSIDERED FOR 30 DAYS

APPLICATION FOR EMPLOYMENT

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, NATIONAL ORIGIN, OR ANY OTHER PROTECTED STATUS IN ACCORDANCE WITH APPLICABLE LOCAL, STATE OR FEDERAL LAW.

PERSONAL DATA

Date _____

Name _____
(Print) Last Name First Name Middle

Present Address _____
Street and Number City State Zip Telephone Number

Previous Address _____
Street and Number City State Zip Social Security No.

Email Address _____

Are you 18 years of age or older? Yes () No () Are you legally authorized to work in the U.S.? Yes () No () Proof will be required upon employment.

Do you have reliable transportation? Yes () No ()

EMPLOYMENT DATA

Position Desired _____ Date you can start _____ Salary desired _____

Are you able to perform the duties of the position for which you are applying with () or without () accommodation. If with accommodation, please describe any necessary accommodation. _____

Are you currently employed? Yes () No () If so, may we contact your present employer? Yes () No ()

Have you ever been employed by Constantino's Market? Yes () No () If yes, which location? _____

EDUCATION

	Name and Location of School	Highest Level Completed	Did you Graduate?	Degree/Major
High School		9 10 11 12	Yes () No ()	
College		1 2 3 4	Yes () No ()	
Vocational/ Trade School			Yes () No ()	

GENERAL INFORMATION

Check all that apply to your availability.

() Full Time () Part Time () Days () Evenings () Weekends () Over Time

If only Part-Time availability, please specify days and hours you are available to work _____

List any relevant training or skills you have (customer service, culinary, bakery, meat cutting, etc.). _____

Approximate total number of days missed from work during the last two (2) years? _____

Have you ever been convicted of a felony. Yes () No () An answer of yes will not necessarily disqualify an applicant.

If Yes, please give dates and details: _____

DRIVING RECORD (If applicable)

Do you have a valid driver's license? Yes () No () How long have you been a licensed driver? _____ Driver's License No. _____

RECORD OF PREVIOUS EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment.

Company Name City and State: Phone Number:	Date Started: Date Ended:	Starting Pay Rate: Ending Pay Rate:	Job Title: Supervisor's Name:	Reason for Leaving:
Company Name City and State: Phone Number:	Date Started: Date Ended:	Starting Pay Rate: Ending Pay Rate:	Job Title: Supervisor's Name:	Reason for Leaving:
Company Name City and State: Phone Number:	Date Started: Date Ended:	Starting Pay Rate: Ending Pay Rate:	Job Title: Supervisor's Name:	Reason for Leaving:

Names and dates of other employers within past 10 years: _____

Have you ever been terminated or forced to resign from any job? Yes () No ()

If yes, please give name(s) of employer(s) and details: _____

EMPLOYMENT REFERENCES

List persons you have previously worked for (former supervisors) that will provide an employment reference for you.

Name	Title	Company	Phone Number

APPLICANT STATEMENT: The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, given in my application, interview(s), or any other employment form (or document provided to the Company) may be sufficient reason not to hire or may be reason for dismissal.

I understand and agree that all information furnished in this application may be investigated by the Company or an authorized representative. I waive any right I may have to notice from any individuals or organizations named or referred to in this application prior to the release of any employment information to the Company. I hereby authorize all individuals in organizations named or referred to in this application, and any law enforcement organization, to give the Company all information that relates to or is requested during the Company's investigation, and I hereby release those individuals, organizations, and the Company from any and all liability for any claim or damage resulting therefrom.

I understand that, if hired, I am required to abide by all rules and regulations of the Company and to comply with all policies and procedures in the employee handbook, any policy and procedure manual, or other communications to employees. I further understand the Company's policies and procedures and all employment terms and conditions are subject to modification without notice.

I understand that the Company is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement or communication, is intended to create any contract of employment or to create any rights in the nature of a contract. This application does not bind either party for a specific period of time regarding employment. I also understand that no one has any authority to enter into any agreement, contract or modification of the understandings expressed in this statement unless it is in writing and signed by the President of the Company. If hired, I understand that nothing shall restrict my right as an employee or the of the Company as an employer to terminate any employment at any time for any reason.

I hereby acknowledge the I have read the above statement and I understand and accept it.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE STATEMENT

SIGNATURE _____ **DATE** _____

APPLICANT: Do Not Write Below This Line

For Management

() Reference Checks Made	() Pre-Selection Inquiry Release	() Hired
() Interview Worksheets Complete	() Release of Information SSN	() Not Hired
() Screening Survey Completed	() Motor Vehicle Check (if applicable)	() I-9 Form

Date: _____ **Management Signature** _____