Lemmon Valley or Spanish Springs Grocery Outlet

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

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| **PERSONAL**  |
| **NAME** | **TELEPHONE** | **EMAIL** |
| **STREET ADDRESS**  | **CITY**  | **STATE** | **ZIP** |
| WHAT IS THE BEST WAY TO CONTACT YOU?  |
| ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED AT Lemmon Valley Or Spanish Springs GROCERY OUTLET? ** YES  NO** IF YES, NAME OF RELATIVE, RELATIONSHIP?  |
| HAVE YOU EVER WORKED FOR Lemmon Valley Or Spanish Springs GROCERY OUTLET BEFORE? ** YES  NO**IF YES, WHERE? APPROXIMATE DATE? MO/YR REASON FOR LEAVING  |
| HOW WERE YOU REFERRED TO Lemmon Valley Or Spanish Springs GROCERY OUTLET?  |

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| **GENERAL INFORMATION**  |
| LIST BUSINESS & PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER: (Omit those indicating race, creed, sex, age, handicap, national origin or other protected group.)  |
| POSITION APPLYING FOR:  |
| EXPECTED WAGE:  | DATE AVAILABLE FOR WORK: |
| IF YOU ARE UNDER THE AGE OF 18, CAN YOU SUPPLY PROOF OF AGE OR WORKER’S PERMIT? ** YES  NO** |
| PLEASE CHECK PREFERRED SCHEDULE: I am available and desire to work: ** FULL-TIME   PART-TIME** |
| Hours available:** ALL HOURS** “X” if no restrictions | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| I am available to work from:  | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ | \_\_\_\_\_\_to\_\_\_\_\_\_ |



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| **INSURANCE** \*Only applicants whose job will involve driving need respond. Ask the manager to whom you are applying for details.  |
| In the event you are required to use your personal or company automobile to conduct company business, please complete the following:Do you have a valid driver’s license? ** YES  NO** Do you have a Commercial Driver’s License? ** YES  NO** Do you have automobile liability insurance? ** YES  NO** |

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| **EDUCATION**  |
| **TYPE OF SCHOOL**  | **NAME AND ADDRESS OF SCHOOL**  | **MAJOR SUBJECT**  | **YEARS ATTENDED**  | **DEGREE**  |
| **HIGH SCHOOL**  |  |  |  |  |
| **COLLEGE**  |  |  |  |  |
| **GRADUATE SCHOOL**  |  |  |  |  |
| **BUSINESS, TRADE, OTHER**  |  |  |  |  |
| **EMPLOYMENT HISTORY**  |
| BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY. |
| **I EMPLOYER** May we contact employer? ** YES  NO** |
| EMPLOYER NAME & ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | POSITION TITLE, DUTIES & SKILLS: | REASON FOR LEAVING: |
| SALARY: | START (MO/YEAR): |
| PER:** HOUR  WEEK**  ** MONTH  YEAR** | SUPERVISOR NAME: TITLE: | END (MO/YEAR): |
| EXPLAIN ANY PERIODS BETWEEN JOBS:  |

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| **II EMPLOYER** May we contact employer? ** YES  NO** |
| EMPLOYER NAME & ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | POSITION TITLE, DUTIES & SKILLS: | REASON FOR LEAVING: |
| SALARY: | START (MO/YEAR): |
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| EXPLAIN ANY PERIODS BETWEEN JOBS:  |

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| **III EMPLOYER** May we contact employer? ** YES  NO** |
| EMPLOYER NAME & ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | POSITION TITLE, DUTIES & SKILLS: | REASON FOR LEAVING: |
| SALARY: | START (MO/YEAR): |
| PER:** HOUR  WEEK**  ** MONTH  YEAR** | SUPERVISOR NAME: TITLE: | END (MO/YEAR): |
| EXPLAIN ANY PERIODS BETWEEN JOBS:  |

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| **IV EMPLOYER** May we contact employer? ** YES  NO** |
| EMPLOYER NAME & ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | POSITION TITLE, DUTIES & SKILLS: | REASON FOR LEAVING: |
| SALARY: | START (MO/YEAR): |
| PER:** HOUR  WEEK**  ** MONTH  YEAR** | SUPERVISOR NAME: TITLE: | END (MO/YEAR): |
| EXPLAIN ANY PERIODS BETWEEN JOBS:  |

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| **ADDITIONAL EXPERIENCE OR QUALIFICATIONS**  |
| **List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like to be considered in connection with your application for employment.**  |
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| **BUSINESS REFERENCES**  |
| NAME  | PHONE  |
| OCCUPATION  | TITLE  |
| BUSINESS | HOW LONG KNOWN  |
| NAME  | PHONE  |
| OCCUPATION  | TITLE  |
| BUSINESS | HOW LONG KNOWN  |
| NAME  | PHONE  |
| OCCUPATION  | TITLE  |
| BUSINESS  | HOW LONG KNOWN  |

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| **NOTIFICATION AND AGREEMENT - PLEASE READ BEFORE SIGNING** |
| I CERTIFY THAT THE FACTS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. QUESTIONS REGARDING THIS STATEMENT SHOULD BE DIRECTED TO ANY EMPLOYMENT INTERVIEWER BEFORE SIGNING. THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. IT IS THE POLICY OF Lemmon Valley Or Spanish Springs GROCERY OUTLET TO AFFORD EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AN INDIVIDUAL’S AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, EXPUNGED JUVENILE RECORDS, PREGNANCY**,** VETERAN STATUS, MENTAL DISABILITY OR FAMILIAL STATUS. I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE A CONTRACT BETWEEN Lemmon Valley Or Spanish Springs GROCERY OUTLET AND ME FOR EITHER EMPLOYMENT OR THE PROVIDING OF ANY BENEFIT. I UNDERSTAND AND AGREE THAT IF I AM OFFERED AND ACCEPT A POSITION, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE DISCRETION OF EITHER THE COMPANY OR MYSELF. I ALSO AGREE TO CONFORM TO ALL EXISTING AND FUTURE COMPANY RULES AND REGULATIONS AND I UNDERSTAND THAT THE EMPLOYER RESERVES THE RIGHT TO CHANGE WAGES, HOURS, AND WORKING CONDITIONS AS DEEMED NECESSARY**.** I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF APPLICANT DATE |

 **Supplemental Questions**

1. Grocery Outlet is a people business with customer service and satisfaction as one of its primary goals. How do you feel you can contribute to our goals?
2. Why do you want this job and how does it fit in with your future plans? What are your goals?
3. What did you like best and least about your last job?
4. What are your strengths?
5. What are your weaknesses?
6. What is your greatest accomplishment?
7. If I buy 25 candy bars at 3/$1.00, how much do I owe you?
8. If I have 3 layers of 14 cases per layer of an item, how many total cases should I have?

Complete this section only after offered a position with this store

1. I am physically and mentally capable of performing the essential functions of the job offered to me. If not, I would require the following accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I understand that the store may conduct a criminal background check on me and that may result in the rescinding of this job offer.
3. I understand that the successful completion of a drug & alcohol screen is a condition of my employment.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_