APPLICATION FOR EMPLOYMENT

VALLEY
FARM MARKET

INSTRUCTIONS

All questions must be answered or this application will be considered incomplete and void. Use N/A if answer does not apply to you. Please print plainly. Thank you for taking the time to complete this application.

PERSONAL INFORMATION

Last Name First Middle		Date of application
Street Address		Home Phone ( )-
City State Zip		Alternate Phone Number ( )-
Have you ever worked here before? O Yes O No If Yes: When_____ Location_____		Social Security Number
Position Desired: O Meat O Deli O Seafood O Produce O Full Time O Grocery O Cashier O Other (Please List)_____ O Part Time		Pay Expected
Can you work any shift? O Yes O No If not, what hours can you work?_____		Will you work overtime if asked? O Yes O No
Are you legally eligible for employment in the United States?	Are you of 18 years of age or older? O Yes O No	When will you be available to begin work?
Other special training or skills:		
How did you learn of our organization? O Advertisement O Friend/Relative O Walk-in O Other_____		
Are you aware of any personal conditions which would limit or restrict your ability to carry out necessary job assignments? If none, write "none".		
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? O Yes O No If yes, describe:		
Have you ever been disciplined or fired? O Yes O No If yes, describe:		
List any relatives who work for Valley Farm Market : Name: Relationship:		

EDUCATION

School	Dates Attended	School name and complete address	Degree
Elementary or High School			
College or University			
Other-Buisness, Trade, etc.			

If you did not graduate, do you have a GED?	O Yes O No	Can you type?	O Yes O No	WPM	Errors

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Dates Employed From: To:	Name & Address of Employer	Job Description
		Reason for Leaving
Pay Rate:	Supervisor:	
Dates Employed From: To:	Name & Address of Employer	Job Description
		Reason for Leaving
Pay Rate:	Supervisor:	
Dates Employed From. To	Name & Address of Employer	Job Description
		Reason for Leaving
Pay Rate	Supervisor:	

REFERENCES

List only those individuals who are familiar with your work history and abilities. Do not list relatives.

Name	Address	Phone Number
1		
2		

EMERGENCY INFOMATION

List person to be notified in case of accident or emergency.

Name Phone Number

Address

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions reguarding the following statements, please ask for assistance.

I certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work days or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Date _____ Signature _____