

EMPLOYMENT APPLICATION

TODAY'S DATE _____

Name of Concept and City Location			Position(s) Desired	Hours Available to Work
Last	First	Middle Initial	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Have read the Job Description(s) for the position(s) you are applying for? If not, stop, read and continue. Yes <input type="checkbox"/>
Street Address			Apt.	
City			State	
Do you have a valid Arizona Food Handler Card?			Date of Birth	
YES <input type="checkbox"/> NO <input type="checkbox"/>				

PREVIOUS EMPLOYMENT HISTORY

LIST ALL OF YOUR POSITIONS FOR THE PAST 10 YEARS; MOST RECENT EMPLOYER FIRST. USE ADDITIONAL SHEET IF NEEDED.

(1) EMPLOYER (most recent)				(2) EMPLOYER			
Address		City	State	Zip	Address		City
Dates Employed		Supervisor		Dates Employed		Supervisor	
From:	To:			From:	To:		
Positions Held		Telephone		Positions Held		Telephone	
Duties		Rate of Pay		Duties		Rate of Pay	
Reason for Leaving – May We Contact? ____yes ____no				Reason for Leaving			
(3) EMPLOYER				(4) EMPLOYER			
Address		City	State	Zip	Address		City
Dates Employed		Supervisor		Dates Employed		Supervisor	
From:	To:			From:	To:		
Positions Held		Telephone		Positions Held		Telephone	
Duties		Rate of Pay		Duties		Rate of Pay	
Reason for Leaving				Reason for Leaving			

- DO YOU HAVE ANY RELATIVES EMPLOYED WITH OUR COMPANY? YES NO
 - IF YES, LIST NAMES AND POSITIONS _____
 - HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 - IF YES, PLEASE LIST THE DATE, PLACE, CHARGE, & DESPOSITION*: _____
- *You need not disclose a conviction a) that was judicially expunged or sealed b) for a marijuana-related offense over 2 years old; c) if you completed a pre- or post- trial diversion program; or, d) for a misdemeanor for which probation was successfully completed (or discharged) and the case was judicially dismissed. A conviction will not necessarily be a bar to employment.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 5 6 7

DEGREE(s) / LICENSE(s) HELD _____

NAME OF LAST SCHOOL ATTENDED _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL OR PLANNING TO ENROLL SOON? YES NO

IF YES, WHICH SCHOOL AND WHEN? _____

AVAILABILITY
refer to our store hours

MON		FRI	
TUE		SAT	
WED		SUN	
THU			

ACKNOWLEDGEMENTS

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

____ I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment with or discharge from The Company. I understand that nothing contained in this application, or the granting of an interview, is intended to be a contract of employment. I also understand that employment with The Company is "at-will" and that either of us may terminate the relationship at any time, for any reason, with or without cause. I certify that if employed by The Company, I will abide by all company rules and regulations.

____ I authorize The Company to investigate my background to determine my suitability for employment and use any information lawfully obtained for any employment-related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against and indemnify The Company and any of the schools, former employers and other persons or entities for any loss or injury I may sustain as a result of any disclosure made related to this application.

____ The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I authorize any physician, hospital, laboratory or collection site to release to The Company the results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with The Company.

We are an equal opportunity employer. Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

0-White 1-African America 2-Asian/Pacific Islander 3-American Indian 4-Hispanic 5-Decline to State 6-Unknown

Designation Indicating Race: _____ ← Enter number here. Thank you.

Date: _____ Signature: _____