

APPLICATION FOR EMPLOYMENT



The Markets, LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, national origin, the presence of mental, physical or sensory disability, sexual orientation or any other basis prohibited by federal or state law.

Please fully complete the application and sign for consideration of employment.

PERSONAL INFORMATION (please print)

Name: First _____ Middle _____ Last _____ Today's Date _____

Other names you are known by: _____ Are you lawfully employable in the U.S.? ____ Yes ____ No
 All new hires will be required to provide proof of eligibility to work in the U.S.

Present Address: Number _____ Street _____ City _____ State _____ Zip _____ Best Phone Number to Contact You _____
 ()

Mailing Address: Number _____ Street _____ City _____ State _____ Zip _____ Alternative Phone Number _____
 ()

Are you under the age of 18? ____ Yes ____ No If yes, state birth date: _____
 If under 18, applicant will be required to complete a parent school authorization & provide proof of age as required by state & federal law.

Have you been convicted or pleaded no contest to any criminal offense in the last 10 years? ____ Yes ____ No
 (A criminal record does not automatically disqualify an applicant for employment.) If yes, please attach an additional sheet indicating nature of offense, date, court, & disposition.

EMPLOYMENT DESIRED

Position: _____ Store(s): _____ Desired Salary: _____ Date You Can Start: _____

Specify hours available for each day of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Schedule Desired: ____ Part Time ____ Full Time ____ Seasonal

Are you able to work? Mornings Days Evenings Nights Weekends Holidays Overtime

Have you worked for this company, or any of its stores, in the past? ____ Yes ____ No If yes, under what name? _____ What location? _____

EDUCATION AND SKILLS

Please circle the highest level of education you have completed: High School/GED AA/AS BA/BS MBA Phd/Pharm D

Name of School, City & State _____

Please indicate any *grocery industry* specific areas and number of years, for which you are experienced or skilled: _____

Summarize special job related skills and qualifications acquired from employment, military, or other experience that you feel would be relative to employment with our company: _____

Name languages that you would be able to utilize in communicating with customers in the trade areas for which you have applied: _____

I have / can do the following:

Pay attention to details <input type="checkbox"/>	Multi Task <input type="checkbox"/>	Be a quick learner <input type="checkbox"/>
Work under stress and deadlines <input type="checkbox"/>	Good People Skills <input type="checkbox"/>	Strong follow through skills <input type="checkbox"/>
Be on my feet for an 8+ hour shift <input type="checkbox"/>	Handle Heavy Lifting (up to 50lbs) <input type="checkbox"/>	Problem Solve <input type="checkbox"/>

REFERENCES (Please provide at least 3 professional references, whom you've known for at least one year.)

Name	Relationship	Phone	Business	Years Acquainted
		()		
		()		
		()		

EMPLOYMENT HISTORY		List below your 3 most recent employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.	
Date MM/DD/YY			
From:	Employer (Name and Address of Employer - Type of Business)	<input type="checkbox"/> Salary or <input type="checkbox"/> Hourly Starting: _____ Ending: _____ Average # of hours per week: _____	Position: Reason for Leaving:
To:			
Duties Performed:			
Supervisor's Name & Title		Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Employer (Name and Address of Employer - Type of Business)	<input type="checkbox"/> Salary or <input type="checkbox"/> Hourly Starting: _____ Ending: _____ Average # of hours per week: _____	Position: Reason for Leaving:
To:			
Duties Performed:			
Supervisor's Name & Title		Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Employer (Name and Address of Employer - Type of Business)	<input type="checkbox"/> Salary or <input type="checkbox"/> Hourly Starting: _____ Ending: _____ Average # of hours per week: _____	Position: Reason for Leaving:
To:			
Duties Performed:			
Supervisor's Name & Title		Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	Employer (Name and Address of Employer - Type of Business)	<input type="checkbox"/> Salary or <input type="checkbox"/> Hourly Starting: _____ Ending: _____ Average # of hours per week: _____	Position: Reason for Leaving:
To:			
Duties Performed:			
Supervisor's Name & Title		Phone Number ()	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE READ CAREFULLY
 APPLICANT'S CERTIFICATION AND AGREEMENTS**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, omissions of information or falsified statements on this application shall be considered sufficient cause for dismissal. _____
(please initial acknowledgment here)

I authorize The Markets, LLC, in considering my application for employment, to verify the information set forth on this application and to obtain additional information or make any investigation relating to my background. I authorize all persons, schools, companies, credit bureaus and law enforcement agencies to supply any information concerning my background or past employment history. I hereby waive and release all claims of any kind which now or hereafter may exist against all individuals or entities who provide information to The Markets, LLC concerning my qualifications for employment, and against The Markets, LLC and its agents for their acts performed in connection with my application for employment, providing that they do not act maliciously. _____ *(please initial acknowledgment here)*

I understand that The Markets, LLC has a commitment to maintain a drug and alcohol free workplace and that the company requires a pre-employment drug screening test as part of its selection and hiring process. Any applicant who has a confirmed positive or dilute test for the presence of any illegal or unauthorized substance will have the offer of employment withdrawn and may not reapply for employment consideration for at least **one year**. I acknowledge that any subsequent consideration for employment may be conditioned on my willingness to undergo monitoring for the presence/absence of alcohol and illegal drugs. I further understand and agree that if employed, I may be required to submit to drug/alcohol testing under certain circumstances during my employment. I will abide by all company policies and agreements relating to a drug and alcohol free workplace. _____ *(please initial acknowledgment here)*

Thank you for completing this application form and for your interest in employment with The Markets, LLC.

Signature _____ Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE.

I understand that this application for employment shall be considered active for a period of time not to exceed 60 days from the date of this application. To be considered for employment beyond this time period applicants will be required submit a new application and file it with the company.