

Application for Employment with Good Foods Grocery



Personal Information:

Name _____ Soc. Sec. # _____
First Middle Int. Last

Address _____ Telephone _____ Today's Date _____

City _____ State _____ Zip _____

email address _____ @ _____

Which store are you applying for? (Circle) SP GC What position are you interested in? _____

Availability:

Min/Max number of hours you are available to work each week:(example 25/40) _____

Please list your availability below:

<u>Mon:</u>	<u>Tues:</u>	<u>Wed:</u>	<u>Thurs:</u>	<u>Fri:</u>	<u>Sat:</u>
_____	_____	_____	_____	_____	_____

Personal References:

Name	Telephone:	Occupation:	Years Known:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

How did you hear about Good Foods Grocery? _____

Education:

Most recent school attended:

1. Name _____ Present Level: _____ Yr. Graduated: _____

City: _____ GPA: _____ Activities: _____

2. Name _____ Present Level: _____ Yr. Graduated _____

City: _____ GPA: _____ Activities: _____

Experience:

Current or Last Employer:

Name of Company _____ Phone # _____ Dates: From ____ To ____

Location of Company _____ Wages _____

Description of Responsibilities _____ Hours worked per week _____

Reason for leaving _____ Supervisor's name _____

May we contact your current employer? _____ If no, explain _____

Experience:

Previous Employer:

Name of Company _____ Phone # _____ Dates: From _____ To _____

Location of Company _____ Wages _____

Description of Responsibilities _____ Hours worked per week _____

Reason for leaving _____ Supervisor: _____

Do you have any physical or mental conditions that could affect your ability to be in regular performance or attendance? (If yes, explain) _____

Have you ever been convicted of a felony? _____ Explain: _____

Personnel File Information (To be completed upon hire) Date of Birth: _____

Marital Status (Circle) S M W D Spouse's Name: _____

In case of emergency, notify:
Name: _____ Telephone _____ Relation: _____

Please tell us about yourself and your skills that you have that would contribute to the success of Good Foods Grocery:

I agree that any false statement in this application is sufficient reason for rejection or dismissal. I authorize investigation of all information in this application, unless indicated otherwise.

Applicant's Signature

Date

Remember, upon return of part one of this application, please allow about 20 minutes to fill out part two. Thank you for your interest in Good Foods Grocery. We appreciate your time in filling out this application.