

# 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.