



Employment Application

Position Sought: _____ How did you learn about the position? _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____
(PLEASE USE BLOCK LETTERS ONLY)

Home Phone: _____ Other Phone: _____

Date Available: _____ Desired Wage/Salary: \$ _____

Are you available for all shifts? YES ☐ NO ☐ If no, please indicate hours of availability.

Monday:	From: _____	To: _____	Friday:	From: _____	To: _____
Tuesday:	From: _____	To: _____	Saturday:	From: _____	To: _____
Wednesday:	From: _____	To: _____	Sunday:	From: _____	To: _____
Thursday:	From: _____	To: _____			

Have you ever interviewed or applied at The Market before? YES ☐ NO ☐

If yes, when: _____

Do have relatives and/or friends employed by The Market? YES ☐ NO ☐

If yes, who: _____

Are you either (1) a citizen of the United States or, (2) authorized to work in the United States without restrictions? YES ☐ NO ☐

Have you ever been involuntarily terminated or asked to resign from any position of employment? YES ☐ NO ☐

If yes, explain: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? YES ☐ NO ☐

Certification(s) and Skills

Do you have a California Food Handler Card? YES ☐ NO ☐

Use the space below to summarize any additional information necessary to describe your full qualification for the position you are applying for.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

The Market, Inc., (“Company”) is an Equal Opportunity Employer. We adhere to a policy of making decisions regarding employment, promotion, compensation or working conditions without regard to protected classes, including race, color, national origin, religion, sex (including pregnancy, childbirth and related medical conditions), disability (whether physical or mental), age, citizenship status, genetic information, marital status, sexual orientation, gender identity, gender expression, AIDS/HIV, medical condition, political activities or affiliations, military or veteran status, and status as a victim of domestic violence, assault or stalking, and other categories protected by law.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Company, my current employer and former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Company may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between me and Company. In addition, I understand and agree that if I am employed, my employment relationship with Company is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Company and that no promises or representations contrary to the foregoing are binding on Company unless made in writing and signed jointly by Company’s President and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or employment benefits, policies and procedures will not alter the at-will and arbitration agreements.

I understand that if offered employment. I will as a condition of employment, be required to submit proof of my identify and legal right to work in the United States on my first day of employment.

My signature below certifies that I have read and agree to the terms and conditions outlined in this document.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Applicant Interview Notes

Applicant Name: _____

Date: _____

Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Intake Information

Position: _____

Rate of Pay: _____

Appointment Date: _____

Time: _____

Training Schedule

Date	Time
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Time

Date

Time
