



Date of Application _____

Position Applied For _____

The following information is requested in order to help us evaluate and analyze your skills and ultimately to make the best possible placement within the company. All portions of this application pertaining to you must be completed. In accordance with state and federal law we do not discriminate on the basis of age, race, religion, color, sex, national origin, or disability where otherwise qualified.

Application for Employment

~ An Equal Opportunity Employer ~

Last Name		First Name		Middle	Social Security Number	
Street Address			Home Phone		Cell Phone	
City		State	Zip Code		Email	
Employment Desired <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Open			Location Applied For			Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been employed with Robert Fresh Market or any of its partner companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When? If Yes, Why Did You Leave?				
Do You Have Any Relatives Who Work For Robert Fresh Market or any of its partner companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, Their Name(s)?				
Please Indicate Hours, Time & Days Of The Week You Are Available To Work.						
If Employed, Can You Verify That You Are At Least 18 Years Of Age? If Under 18, Do You Have A Valid Work Permit?			Are You Legally Able to be Employed in the U.S. ?			
Date Available To Start Work:			Can You Work Overtime?		Total Hours Available Per Week?	
How Were You Referred To Us?						
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Website <input type="checkbox"/> Employee or Relative Name <input type="checkbox"/> Other: <input type="checkbox"/> School, College, Or High School Name						
Have You Ever Been Convicted Of A Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Give Date and Explain.						
*Note: A Conviction Will Not Necessarily Disqualify An Application From Consideration For Employment.						

Education

School Name	School Address	Graduated	Degree
High School			
College or Technical School			
Graduate School			

Employment History

(List Present and Past Employment, Beginning with the most Recent.)

Dates	Employer	Position / Duties	Rate of Pay	Reason for Leaving
Last /Present Job	Name		Start:	
From:	Address		Finish:	
To:				
Phone		Supervisor	Supervisor Title	
Past Job	Name		Start:	
From:	Address		Finish:	
To:				
Phone		Supervisor	Supervisor Title	
Past Job	Name		Start:	
From:	Address		Finish:	
To:				
Phone		Supervisor	Supervisor Title	

Personal References

List the name, address, and phone number of Personal or Work references who are not related to you.

Name	Phone Number
Address	
Name	Phone Number
Address	

IMPORTANT: READ CAREFULLY

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal. I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company. If employed, I will comply with the Company's rules and regulations. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary be terminated at any time, for any reason, without notice. No person other than the President of the Company may modify or amend the provisions stated herein.

I hereby authorize release of any information regarding any criminal convictions that may exist against me and ask my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on the application are true and complete.

I hereby acknowledge that I have read and understood the above statement.

DATE

SIGNATURE