



Employment Application Form

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

(Print) Full Name: _____
Present Address: _____
City: _____ State: _____ ZIP: _____
Telephone Number: (____) _____
Are You Over 18 Years Old? YES NO **IF NOT**, State Date of Birth: _____
Are You Legally Able To Work In The United States? YES NO
(Proof of U.S. citizenship or work status will be required upon employment within 3 business days)
Have You Ever Worked For A Grocery Store Before? YES NO
If Yes, When and Where: _____
Type of Employment Desired: Full Time Part Time Seasonal/Temporary
 Other: _____
What Prompted You To Apply At the Sauk Prairie Market? Referred By: _____
 Walk-In Newspaper Ad Signage Other: _____

AVAILABILITY

Total Hours Available Per Week: _____ Position or Shift Applied For: _____
Do You Have Reliable Transportation to Get To Work: YES NO
Please Indicate The Times You Are Available For Work Each Day.

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Date You Are Available To Start Work: _____

EDUCATION

Circle Last Grade Completed In School 8 or less 9, 10, 11, 12, GED
College: 1, 2, 3 4
Name and Address of Last School Attended: _____
Are You Currently Attending School? YES NO

QUALIFICATION STANDARDS

Qualification Standards for all positions include, but are not limited to, standing up for 5 hours at a time, carrying supplies up to 50 pounds, and must be able to lift and bend.
Is There Any Reason You Would Be Unable To Meet The Above Qualification Standard? YES NO
If Yes, Please Explain: _____

MILITARY

Were You A Member Of The U.S. Armed Services? YES NO
Dates of Service: _____

EMPLOYMENT HISTORY

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

Employer:	Date Employed	Work Performed:	
	From		To
Phone #:			
Address:	Hourly Rate		
	Starting		Final
Supervisor:			
Reason For Leaving:			

May we contact your present employer: YES NO Your Former Employers: YES NO

List any skills, honors, and experiences that provide additional information concerning your qualifications for employment.

Personal References: List the names of three people other than relatives and former or present employers whom we can contact as a personal reference.

NAME

OCCUPATION

ADDRESS

PHONE

The information I have provided on this employment application form is true, correct and complete. I understand that if I am employed here, any misstatements or omissions could result in my dismissal.

SIGNATURE: _____ DATE: _____