

BARONS market

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Cell phone
	Have you ever applied for employment with us?			Email address
	Position Desired			Pay Expected
	Apart from religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? Yes No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary of offenses, which have not been annulled, expunged or sealed by a court. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe in full.			
	Membership in professional and civic organizations. (<i>Exclude those which may disclose your race, religion, age or national origin</i>) Other special training or skills (language, machine operation, etc.), Special accomplishments or awards.			

E D U C A T I O N	SCHOOL	Name & Location of	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Describe any training received relevant to the position for which you are applying. _____		

Employment

Please give accurate, complete and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - State Month & Year From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

2	Company Name	Telephone
	Address	Employed - State Month & Year From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

3	Company Name	Telephone
	Address	Employed - State Month & Year From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact

DO NOT CONTACT

Employer Number(s) _____
Reason: _____

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Please read and understand this statement before signing your application:

The information I provided in this application for employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information on this application, a related employment resume or personal interview. I waive all rights to claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons who provide information for this purpose.

This application will expire in 30 days. Unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement, if I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

All offers of employment shall be conditioned on passing a drug/alcohol screening test. _____ (Initial here)

I accept all terms and conditions in the above statement.

_____ Date

_____ Signature