



AA

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name:		First Name		M.I.
Address:				
Home Phone:			Cell Phone:	
Drivers License # (For identification purposes):			Other Names Used (Maiden, etc.):	
Have you ever been convicted of a crime that would prevent you from being trusted with cash handling or effectively managing other people? If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest level of schooling completed: <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Other				

JOB INFORMATION

Position Applying for:		Wage/Salary Desired:	
How did you hear of this open position?:		How many hours can you work each week?:	
Please indicate what hours you are available for the following days: Store hours: 3:00am to 11:00pm			
MONDAY:		Can you work on weekends? If not, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TUESDAY:		Are you able to work nights? If not, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WEDNESDAY:		Can you work early mornings? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
THURSDAY:		What scheduling limits do you have (school, child care, etc) ?	
FRIDAY:			
SATURDAY:			
SUNDAY:			
What skills do you have that would assist you in the position you are applying for?:			

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PERSONAL REFERENCES

Name of Reference:	Phone Number:	Years Known:
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WORK HISTORY

Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Wage Earned:	Describe your position and tasks you completed:		
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Wage Earned:	Describe your position and tasks you completed:		
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Wage Earned:	Describe your position and tasks you completed:		
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Location:	
Supervisor:	Phone Number:	Employment Dates: (Start/End)	
Wage Earned:	Describe your position and tasks you completed:		
Reason for Leaving?			May we contact this previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED QUESTIONS

Are you prepared to take a pre-employment drug test and random testing during employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to submit to a pre-employment criminal background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The statements and information on this application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for immediate termination at anytime during my employment.

I agree to conform to all rules, regulations and policies of Clear Creek Grocery, and I agree that my employment and compensation can be terminated , with or without cause, and with or without notice, at any time, at either my or Clear Creek Grocery's option.

Applicant's Signature

Date of Application

↓ FOR OFFICE USE ONLY ↓

App Received: ____/____/____ By: _____ Comments: _____

Comments: _____

TIV OIV Other: _____ Date: ____/____/____ Time: _____ a / p