



Today's Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Desired Food Depot Location: \_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about the Food Depot? Please Specify.

Internet / Ad: \_\_\_\_\_ Friend: \_\_\_\_\_

Job Placement: \_\_\_\_\_ School Job Board: \_\_\_\_\_

Other (Describe): \_\_\_\_\_

Have you applied with Food Depot before? YES  NO

Relatives Employed? If yes, who? \_\_\_\_\_

Salary Desired: \_\_\_\_\_ When can you start? \_\_\_\_\_

Full-Time  Part-Time

Position Desired: Grocery  Dairy & Frozen  Meat  Produce  Deli & Bakery   
(Check all that apply)

Seafood  Cashier  Management  Main Office

Please specify days and times that you are **NOT AVAILABLE** to work because of other commitments.  
(This is NOT a schedule request)

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_  
FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Are you legally authorized to work in the U.S. without limitation?  
(Proof of citizenship or immigration status will be required for employment) YES  NO

Today's Date: \_\_\_\_\_

If you are applying for a position that requires driving a vehicle, do you possess a valid driver's license (issued from any state within the United States)?

YES  NO

Are you involved in any activities or have any hobbies or interests you would like to share with us? (Optional)

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**Work Experience**

Please list your 3 most recent places of employment:

1)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

2)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

3)

Name	City	Position Held	Dates of Employment
Reason for Leaving: _____			

**Education**

**High School**

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Graduate? YES  NO

**College**

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Graduate? YES  NO

**References**

*Please give us the name and current telephone numbers of two (2) of your past employers who can give us an accurate perspective of you as a potential employee in our company. Please do not include family members or friends.*

Business Name	Supervisor's Name and Position	Telephone Number

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the organization to make any investigation of my background deemed necessary. Reference checks will be conducted by our organization or its agents. I further understand that employment is at the mutual consent of the employee and the organization; consequently, either the employee or the employer can terminate the employment relationship at will, for any reason, at any time, with or without cause or advance notice.

I understand I must submit documentation to your organization verifying my eligibility to work in the United States as required by the Federal Immigration Reform and Control Act of 1986. I further understand that submission of said documents must be made within 72 hours of being hired.

Signature of Applicant: \_\_\_\_\_