

White Haven Market Employment Application

(Print clearly in dark ink, resumes not accepted, signature required, incomplete applications will be rejected.)

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY # - -
ADDRESS	CITY	STATE	ZIP
NUMBER OF YEARS AT ABOVE ADDRESS	ARE YOU UNDER 18 YRS OLD? Y N	PHONE # () -	CELL # () -
HAVE YOU EVER BEEN IN THE ARMED FORCES? Y N	WHAT BRANCH?	DISCHARGE DATE	ARE YOU CURRENTLY EMPLOYED? Y N
HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y N	DESCRIBE:	CAN YOU PERFORM JOBS THAT REQUIRE LIFTING 25 LB? Y N	IF NO, GIVE LIMITATIONS:

EMPLOYMENT DESIRED

POSITION APPLIED FOR:	DATE YOU CAN START:	WAGE DESIRED:
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? Y N	IF YES, WHEN?	TYPE OF WORK (CIRCLE ALL THAT APPLY): FULL TIME PART TIME TEMPORARY

WHEN ARE YOU AVAILABLE TO WORK (Write NA under any days in which you are not available to work)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

TRANSPORTATION

DO YOU HAVE A VALID DRIVER'S LICENSE? Y N	DRIVER'S LICENSE #	STATE OF ISSUE	CAN YOU GET TO WORK IN MOST WEATHER CONDITIONS? Y N
CAN YOU GET TO WORK WITHOUT RELYING ON OTHERS? Y N	IF YOU ANSWERED NO TO ANY QUESTION IN THIS BLOCK, THEN EXPLAIN HOW YOU WILL GET TO WORK RELIABLY ----->		

EDUCATION

	SCHOOL NAME	LOCATION (CITY, STATE)	YEARS ATTENDED	DID YOU GRADUATE	STILL ATTENDING
HIGH SCHOOL					
COLLEGE					
OTHER					

ADDITIONAL INFO (State any additional information you feel may be helpful in considering your application)

(OVER PLEASE)

EMPLOYEES YOU KNOW (List any friends or relatives currently employed by White Haven Market, Inc.)

NAME OF EMPLOYEE	RELATIONSHIP

EMPLOYMENT HISTORY (List below, your last three employers, starting with the last one first.)

FROM (MO/YR)	TO (MO/YR)	NAME OF EMPLOYER LOCATION (CITY, STATE)	POSITION	SALARY	REASON FOR LEAVING

PERSONAL REFERENCES (List two references other than relatives or previous employers.)

NAME	ADDRESS (CITY, STATE)	OCCUPATION	PHONE #
			() -
			() -

AUTHORIZATION

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any misrepresentation, making false statements, or omission of facts presented on this application may result in rejection of my application or, if employed, in the termination of my employment.

I authorize the investigation of all information contained herein and consent to a thorough background check. I authorize all employers, schools and references to give White Haven Market, Inc. any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release White Haven Market, Inc. and it's employees, former employers, schools, and references from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of White Haven Market, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Store Manager.

I understand that proof of United States citizenship or documentation of the ability to work in the U.S. must be provided at the time of hire. I also understand that I may be asked to submit to routine drug screening.

Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE (OFFICAL USE ONLY)-----

RATING	1 2 3 4 5 6 7 8 9 10	RATED BY	DATE
NOTES		POSITION	SOURCE
		INTERVIEW DATE	START DATE
		INTERVIEW TIME	START RATE