

Valley Hometown 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)

| |
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| |
| |
| |

(OVER PLEASE)

EMPLOYEES YOU KNOW (List any friends or relatives currently employed by Valley Hometown Market)

| 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 Valley Hometown Market any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release Valley Hometown Market and its 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 Valley Hometown Market 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 |