



*Family Owned. Family Values. Since 1956*

AN EQUAL OPPORTUNITY EMPLOYER

# APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. It is the policy of C & K Market, Inc. to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or handicap.

## PERSONAL

Last Name		First	Middle	Date
Street / Mailing Address				Home Phone
City, State, Zip				Business Phone
Have you ever been employed with C&K Market, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security No.
Position Desired				Pay Expected
Are you available for full time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? (Proof of citizenship or <input type="checkbox"/> Yes <input type="checkbox"/> No immigration status will be required).				When will you be available to begin work?
How long have you lived at present address? _____ Months _____ Years		How long at previous address? _____ Months _____ Years		
Are you over the age of 18? If employed and you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been bonded? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime (except traffic violations)? If yes, describe in full.				
State names of relatives working for us other than your spouse.				
How long do you intend to work? <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> 1 Year <input type="checkbox"/> More than 1 Year <input type="checkbox"/> Career				
Are you willing to work rotating shifts including nights and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.				
Do you have adequate means of transportation to get to work on time each day and when called in on short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and address of personal physician.				Date of last physician exam.
What job related skills do you have?				
What hobbies do you have that would benefit your work?				





**APPLICANT - Do not write on this page**  
**FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

**REFERENCE CHECK**

Position Number	RESULTS OF REFERENCE CHECK		Position Number	RESULTS OF REFERENCE CHECK

**NOTES**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---