



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 immigration status will be required). <input type="checkbox"/> Yes <input type="checkbox"/> No				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?				

List below all present and past employment, beginning with your most recent.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

M I L I T A R Y	<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>		Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month & Year)	
		From	To
		Rank at Discharge	
	Date of Final Discharge		

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that my employment is not for a specified or definite term and that I may be discharged, or I may resign, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and a corporate officer.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information in the report.</p> <p>I understand that this application will be active for a period of 60 days from the date below. After 60 days this application will become inactive and if I wish to be considered for another job opening, I must reapply by completing a new application form.</p>

	Date

Signature	

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
