

Application For Employment: Page 1 of 4

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Position Applied For _____ Date Of Application _____

Personal

Full Name _____ Email _____

Present Address _____ How long? _____ Phone _____

City, State & Zip _____ Alternate Phone _____

Drivers License Number / State _____ Other names used now or in the past _____

If no phone, how may we contact you? _____

Have you ever worked with the company? Yes No If yes, where _____ Approx. date MO/YR _____

Reason for leaving _____

How were you referred to the company? _____

General Information

Why do you want this job and how does it fit in with your future plans? _____

Can you perform the essential functions of the job(s) you are applying for, with or without reasonable accommodation? _____

Expected Wage _____ Date available for work? _____ Are you available to work Full-time Part-time Overtime

Are you under the age of 18? Yes No Are you available to travel? Yes No

Please check preferred schedule

A. I am available and desire to work FULL-TIME, and do not have restrictions on my hours and days. (Complete Section B.)

I am available and desire PART-TIME work. (If less than 30 hours a week, please complete Sections A and B.)

I am only available for PART-TIME work: Yes No

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
"X" if no restrictions							
I am available from:	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

Education

High School Name & Address _____ Major _____ Graduated Yes No Degree _____

College Name & Address _____ Major _____ Graduated Yes No Degree _____

College Name & Address _____ Major _____ Graduated Yes No Degree _____

Graduate School Name & Address _____ Major _____ Graduated Yes No Degree _____

Business Trade Name & Address _____ Major _____ Graduated Yes No Degree _____

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Employment History

1. Employer Name _____ Address _____ Phone _____

Employed From (MO./YR.) ___/___ To (MO./YR.) ___/___ Type of Business _____ Starting Salary _____ Ending Salary _____

Describe your position and duties _____

Reason for leaving? _____

Name and title of immediate supervisor? _____

2. Employer Name _____ Address _____ Phone _____

Employed From (MO./YR.) ___/___ To (MO./YR.) ___/___ Type of Business _____ Starting Salary _____ Ending Salary _____

Describe your position and duties _____

Reason for leaving? _____

Name and title of immediate supervisor? _____

3. Employer Name _____ Address _____ Phone _____

Employed From (MO./YR.) ___/___ To (MO./YR.) ___/___ Type of Business _____ Starting Salary _____ Ending Salary _____

Describe your position and duties _____

Reason for leaving? _____

Name and title of immediate supervisor? _____

4. Employer Name _____ Address _____ Phone _____

Employed From (MO./YR.) ___/___ To (MO./YR.) ___/___ Type of Business _____ Starting Salary _____ Ending Salary _____

Describe your position and duties _____

Reason for leaving? _____

Name and title of immediate supervisor? _____

Have you ever been discharged from any employment or resigned in lieu of termination? No Yes

If yes, please explain: _____



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Additional Experience or Qualifications

Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking, and which you would like to be considered, in connection with your application for employment.

Business or Personal References

1. Reference Name _____ Address _____ Phone _____
 Occupation _____ Title _____ How Long Known _____

2. Reference Name _____ Address _____ Phone _____
 Occupation _____ Title _____ How Long Known _____

Equal Employment Opportunity

The company is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, marital status, veteran status, workers' compensation, disability, sexual orientation, gender identity or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

Notification and Agreement

PLEASE READ BEFORE SIGNING

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING. YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY YOU WILL BE EMPLOYED.

I certify that all answers and statements I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. Yes No

I understand that my employment may be subject to the satisfactory results of any examination required by the company, including mandatory urine test to detect drug usage and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment is at will and may be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President. Yes No

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Newport Avenue Market or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President. Yes No

I acknowledge that I have read, understand, and agree with the above. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application. Yes No

Date _____ Signature of Applicant _____

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Application Authorization for Release of Information

I hereby authorize the following former employers:

Company Name: _____

Company Name: _____

Company Name: _____

to release information to prospective employers (including anyone claiming to be a prospective employer) regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Date of employment;
2. Position held when started and left;
3. The quality of my work;
4. The quantity of my work;
5. My attendance habits (excluding workers' compensation, pregnancy, and other protected absences);
6. My relationship with co-workers and supervisors;
7. My attitude toward work (cooperative? positive? etc.);
8. Reason for leaving;
9. Eligibility for rehire;
10. Strong points;
11. Weak points;
12. Whether I have threatened, provoked fights with or assaulted others, or violated a company policy regarding harassment or violence in the workplace;
13. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I hereby release all of the above-listed employers from liability arising from their good-faith responses to inquiries about my past employment.

Print Name _____

Signature _____

Date _____