## APPLICATION FOR EMPLOYMENT

Stop 'n Save is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

**INTRODUCTORY INFORMATION:** 

## Name: Date: Address: \_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_ City: Phone: **APPLICANT QUESTIONS:** Type of worked desired: Salary desired: Date Available: If hired, can you provide documents required to establish your eligibility to work in the U.S.? \_\_ Yes \_\_ No \_\_ Yes \_\_ No Are you 18 years of age or older? How were you referred to Stop 'n Save? Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic \_\_ Yes \_\_ No violation? If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. **EDUCATION:** High School or last grade completed: Name & Address of School: \_\_\_\_\_Number of years completed: Course of Study: Degree/Diploma: College or Technical School Name & Address of School: Number of years completed: Course of Study: Degree/Diploma: Other Schooling or Training Name & Address of School: Course of Study: Number of years completed: Degree/Diploma: **MILITARY EXPERIENCE:** Branch of Service: From: To: Rank/Type of Service: Special Training/Experience:

## **RECORD OF EMPLOYMENT:**

List positions starting	ng with most recent:			
Employer:	Employer: Telephone:			
Address:				
Position Title:		Supervisor:		
Start Date:	Date Left:	Beginning Salary:	Ending Salary:	
Duties:				
Reason for Leaving				
		Telephone:		
Address:				
Position Title:		Supervisor:		
Start Date:	Date Left:	Beginning Salary:	Ending Salary:	
Duties:				
Reason for Leaving				
	Telephone:			
Address:				
Position Title:		Supervisor:		
Start Date:	Date Left:	Beginning Salary:	Ending Salary:	
Duties:				
Reason for Leaving	:			
STATEMENT (Plo		arefully before signing this applicat		
		re is at-will, meaning that I or the Corpplicable state or federal law.	mpany may terminate my employment	
data given on this ap any liability that mi	pplication and during interv ght result from such an inve	iews. I hereby release the Company,	ck and personal history, and verify all and its representatives or agents, from schools, and firms named to provide ested information.	
		d to provide proof of identity and leg e me to complete an I-9 form in this r	al authorization to work in the United regard.	
	miting or eliminating any a	ully discriminate in employment and pplicant from consideration for employment	no question on this application is used oyment on any basis prohibited by	
employment, I mus	st submit a new application	or a period of 90 days; after that tion. I certify that all the statements in willful omission shall be sufficient	n this completed application are	
Signature of Applicant:		Date Signed:		