T. A. Solberg Co., Inc. is an equal opportunity employer and fully subscribes to the principles of equal employment opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, or disability, or any other basis prohibited by Federal or State law. As an equal opportunity employer, this company intends to comply with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

*APPLICATIONS ARE GENERALLY REVIEWED ON A TIMELY BASIS

*APPLICANTS ARE GENERALLY EXPECTED TO BE AVAILABLE DURING ALL 12 MONTHS OF THE YEAR

*IF YOU DO NOT HEAR FROM US WITHIN 60 DAYS, PLEASE SUBMIT A NEW APPLICATION

********	***********************		
Date:	Personal		
Name:	E-mail Address:		
Current Address:	City:		
State / Zip:	Phone:		
Phone number where we can re	ach you during the day:		
If you are under 18, please state	age and date of birth:		
permits you to work for the Cor	en or, if not, (2) do you currently have lawful employment authorization which mpany without the Company having to take any action, either upon employment, or assist you in maintaining lawful employment authorization to work for theNo		
	ver the following question: Are you a student on a temporary visa? authorization to work will be required if you are employed by T.A. Solberg Co., Inc.		
Have you ever applied to the co	mpany before: If yes, when and under what name:		
Have you ever worked with us	before? If yes, when, where, and under what name:		
Position(s) applied for: List top	General 3 choices: Examples: Cashier, Deli, Bakery, Stocker, Bagger		
Position:	Desired Rate of Pay:		
Position:	Desired Rate of Pay:		
Position:	Desired Rate of Pay:		
Please indicate which type of en	nployment interest you:		
Regular Full-time	Regular Part-time Temporary Full-time Temporary Part-time		
If interested in temporary emplo	ovment, please specify dates:		

List times available next to each day (ex. Mon: 3pm to 10pm) – (This does not guarantee any specific hours.

Opportunites available based on flexibility.) Sun: _____ Mon: ____ Tues: ____ Wed: ____ Thurs: ______ Fri: ______ Sat: _____ On occasion, we work more than 8 hours per day and most holidays -- is that a problem? Yes _____ No __ The Company will attempt to reasonably accommodate an applicant's religious needs, as required by law. Do you have transportation to work? Yes _____ No _____ Why are you applying for this postion: How did you learn of this company: _____ Are you presently employed: _____ If yes, why do you seek to change your employment: _____ Are you on layoff and subject to recall: _____ If yes, When is the possible recall date: _____ List any family or friends working with us: Location: Location: Department: Department: **Criminal And Other Offenses** Have you ever been convicted of, plead no contest to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? Yes _____ No ____ If Yes, provide details: ____ (If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.) Are you currently subject to a pending criminal charge for any misdemeanor or felony? Yes No (2) If Yes, provide details: (This question is designed to obtain information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment sought.) **Education** 8 9 10 11 12 13 14 15 15 16 17+ Highest Level of Education Completed Did you Graduate? ___ Yes ___ No Degree/Diploma/Certificate _____

Please list any academic honors you have received that you believe relate to the job or jobs for which you are applying: **Employment History** Start with most recent employer. If necessary, use reverse side of additional sheets to list additional employers. **Present or Last Employer:** Name: ______ Phone: _____ Address: Employed: From: To: Supervisor: _____ Wage: Start: ____ Last: ____ What did you do there: ______ Reason for Leaving: _____ If this is your current employer, may we contact for a reference?

Yes _____ No ____ **Next Previous Employer:** Name: ______ Phone: _____ Address: _____ Employed: From: _____ To: ____ Supervisor: _____ Wage: Start: ____ Last: ____ What did you do there: _____ Reason for Leaving: _____ **Next Previous Employer:** Name: Phone: ____ Address: _____ Employed: From: _____ To: ____ Supervisor: Wage: Start: Last: What did you do there: _____ Reason for Leaving: _____ **Next Previous Employer:** Name: Phone: Employed: From: To: Supervisor: _____ Wage: Start: ____ Last: ____ What did you do there: ______ Reason for Leaving: _____

References

	Name	Address	Business
1			
3			
		Emple	oyment Agreements
but no	ot limited to, employi	ment contracts, non-com	post-employment agreement with any other employer (including, neet agreements, intellectual property rights agreements and/or. If yes, attach a complete and accurate copy of each agreement.
	<u>RE</u>	AD, UNDERSTAND	, SIGN AND DATE IF YOU AGREE
omiss. I herel conne any painform emplo who p inform or miss.	tions of any kind what by release from any a ction with evaluating arty (including the co- nation they may have byers. I also release a provide such informal nation. I understand	atsoever. I authorize invaluable and all liability all repression and all liability all repression and one about me to T.A. Solber all persons, companies, stion to T.A. Solberg Conthat if any of the informate any misrepresentation ment or terminate my en	are true, correct and complete without misrepresentations or restigation of the statements I have made herein. Sentatives of T.A. Solberg Co., Inc. for their acts performed in round, credentials and qualifications. I hereby further authorize reganizations listed in this application form) to release any erg Co., Inc., including all of my personnel records with prior schools and organizations (and all persons connected with them) attion on this application form is discovered to be incorrect, false as or omissions of any kind whatsoever, then T.A. Solberg Co., imployment, and I agree that T.A. Solberg Co., Inc. shall not be
any sp Presid agreer the co relied	pecific period of time lent, has any authorit ment must be in writi ntrary, even if made on by me. I underst	e. I further understand they to enter into any agreeing and signed by the Pr by a supervisor, manageand that if employed I was and that if employed I was a supervisor.	g Co., Inc., any such employment is not binding on either party for that no representative of T.A. Solberg Co., Inc., other than the ement for employment for any specified period of time. Any such resident. I understand that any other written or oral statement to er or officer of T.A. Solberg Co., Inc. is invalid and should not be will be an employee-at-will and that either T.A. Solberg Co., Inc. t any time, for any reason, with or without notice.
(Signa	ature of Applicant)		(Date)
		AUTHORIZATIO	ON FOR REFERENCE CHECK
and al have be all of a employed release inforn	I employers with whoeen connected) to remy personnel record by ment with them and e all persons, companation to T.A. Solber	om I have been employed elease any and all informs s with prior employers and also includes all of my nies, schools and organity g Co., Inc. from any and emain in effect for a peri	Co., Inc I hereby authorize any and all persons (including any ed, schools that I have attended and organizations with which I nation they have about me to T.A. Solberg Co., Inc. This includes and any information about my performance during my transcripts from any schools that I have attended. I hereby zations (and all persons connected with them) who provide such d all liability for any damage for giving this information.
Applio	cant's Name (please	print)	Applicant's Signature
	v.		Date

PLEASE READ THE FOLLOWING POLICIES CAREFULLY

LISTED BELOW IS OUR COMPANY DRESS CODE AS WELL AS OUR SMOKING POLICY:

- ASSOCIATES ARE REQUIRED TO PURCHASE OXFORD WHITE SHIRTS AT COST FROM THE STORE. TIE, APRON, AND NAME BADGE ARE PROVIDED BY THE STORE.
- JET BLACK DRESS PANTS ARE TO BE WORN WITH THE UNIFORM SHIRT TUCKED IN. BLACK JEANS AND SWEATPANTS/SPANDEX PANTS ARE NOT ALLOWED. PANTS SHOULD BE ANKLE LENGTH. NO SHORTS ARE ALLOWED.
- SHOES MUST BE BLACK, LOW-HEELED, NON-SKID. NO EXTREME HEELS, OPEN TOES/HEELS OR COWBOY BOOTS ARE PERMITTED. SNEAKERS ARE ALLOWED AS LONG AS THEY ARE ALL BLACK (NO WHITE LETTERING OR SOLES), AND KEPT IN GOOD CONDITION. BLACK SOCKS OR HOSIERY MUST BE WORN. SHOES FOR CREWS MUST BE PURCHASED FOR THE DELI AND MEAT DEPARTMENTS, THESE SHOES MUST BE PURCHASED THROUGH THE STORE. THERE IS A 25% DISCOUNT.
- HAT/HAIRNETS ARE REQUIRED IN APPLICABLE DEPARTMENTS.
- BLACK SWEATERS MAY BE PURCHASED FROM THE STORE TO BE WORN DURING COLDER MONTHS.
- JEWELRY, IF WORN, IS TO BE OF CONSERVATIVE BUSINESS NATURE. EARRINGS ARE ALLOWED FOR WOMEN ONLY. MEN ARE PROHIBITED FROM WEARING EARRINGS. FACIAL AND TONGUE ADORNMENTS ARE NOT ACCEPTABLE. NAIL POLISH IS NOT TO BE WORN BY MEN AND MUST BE OF A CONSERVATIVE COLOR WHEN WORN BY WOMEN. WOMEN MAY NOT BE ABLE TO WEAR NAIL POLISH IN APPLICABLE DEPARTMENTS.
- EXTREME HAIR COLOR, STYLES OR MAKE-UP ARE NOT PERMITTED. HAIR MUST BE CLEAN, NEAT, AND STYLED AWAY FROM YOUR FACE. HAIR CANNOT BE HANGING IN YOUR FACE OR COVERING YOUR NAME BADGE.
- MEN: FACIAL HAIR SHOULD BE WELL GROOMED AT ALL TIMES. HAIR SHOULD BE KEPT AT COLLAR LENGTH AND NEATLY GROOMED.
- GUM CHEWING, EATING OR DRINKING IN YOUR WORK AREA IS NOT PERMITTED.
- A NAME BADGE IS REQUIRED AT ALL TIMES WHILE ON THE CLOCK

LILANE DE AD AND UNDERGRAND THE ADONE DOLLGE

IT IS THE ASSOCIATE'S RESPONSIBILITY TO KEEP THE SHIRT AND APRON NEAT AND CLEAN.
 ASSOCIATES ARE NOT PERMITTED TO WEAR DIRTY, WRINKLED OR TORN SHIRTS OR APRONS.

OUR STORE HAS A NO SMOKING POLICY. USE OF ANY TOBACCO PRODUCT WHILE ON THE CLOCK IS PROHIBITED. SMOKING IS NOT PERMITTED IN ANY COMPANY BUILDING, OUTSIDE ANY COMPANY BUILDING OR IN ANY COMPANY OWNED VEHICLES. IF YOU ARE A SMOKER, WE WILL ARRANGE FOR A ½ HOUR UNPAID LUNCH BREAK SO YOU MAY LEAVE THE BUILDING FOR A CIGARETTE BREAK IN YOUR PERSONAL VEHICLE OR OFF COMPANY PROPERTY. THESE ARRANGEMENTS MUST BE DONE IN ADVANCE, AND INCLUDED ON THE WEEKLY WORK SCHEDULE.

THAVE KEAD AND UNDERSTAIND THE ABOVE FOLICIES	
SIGNATURE:	DATE: