

**Bob's**  
**FOOD CITY** Employment Application

*The active period of this application is 90 days. If you are not employed by this company within 90 days, you must reapply in person or your application will not be considered.*

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Position Applied For
City		State	ZIP
Phone		Email	
Are you over the age of 16?		Are you over the age of 18?	
		SSN	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
LIST ANY: Friends or Relatives Currently Employed by this Company	
Have you ever been fired from a job? If yes, please explain	

PREVIOUS EMPLOYMENT					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From To		Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Emergency Contact			Phone ( )		
Address			Relation		
City		State		Zip	
Days and Hours of Availability					
	A.M.	P.M.	Can you start to work immediately? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, when?		
Monday	-	-	Notes (Office Use Only)		
Tuesday	-	-			
Wednesday	-	-			
Thursday	-	-			
Friday	-	-			
Saturday	-	-			
Sunday	-	-			

DISCLAIMER AND SIGNATURE	
<p>I hereby affirm that my answers to the foregoing questions are true and correct and I understand that misrepresentation or omission of facts called for in this application or other company records may be cause for immediate dismissal without notice regardless of the time the misrepresentation or omission of fact is discovered.</p> <p><b>I AUTHORIZE BOB'S FOOD CITY TO CONTACT ANY FORMER EMPLOYERS IN ORDER FOR THEM TO PROVIDE TO THE COMPANY FACTS AND INFORMATION WITH REGARD TO MY EMPLOYMENT. I HEREBY RELEASE THESE FORMER EMPLOYERS FROM ANY LIABILITY OF ANY NATURE FOR FURNISHING SUCH INFORMATION.</b></p> <p>I also authorize the company to contact any other sources it sees fit to obtain information concerning my character and qualifications and release those providing such information from any liability.</p> <p>I understand and agree that if employed the employment will be "at will". That is, either I or the company may end the employment relationship at any time for any reason or for no reason. I further understand that no representative of the company has authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.</p> <p>I understand and agree, should I be offered a position, that I will take drug tests and a medical examination when requested by the company. I further understand that pre-employment drug tests may be administered by the company as part of the application process prior to an offer of employment being made. I agree to take all steps necessary to take the tests and sign necessary documents to release the results to the company when requested to do so. Refusal to comply with the request for a test or to release the results to the company will result in withdrawal of the offer of employment or discontinuation of consideration for employment, as applicable. Once employed, I agree to continue to be subject to drug testing and job related medical examinations as a condition of employment and will authorize release of test results to the company. Failure to comply with these requirements will result in termination.</p>	
Signature	Date