



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Position Applying For:	
City	State	ZIP	
Phone	Email		
Are you 16 or older?	Are you 18 or older?	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 NO	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you been fired from a job?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please explain:			

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

PROFESSIONAL REFERENCES	
Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

BUSINESS REFERENCES
List any Friends or Relatives Currently Employed by this Company:

PREVIOUS EMPLOYMENT		
Company		Supervisor
Address		Phone ()
Job Title		Starting Pay
From To		Ending Pay
Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Supervisor
Address		Phone ()
Job Title		Starting Pay
From To		Ending Pay
Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION		
Full Name		Relationship
Address		Phone ()
City	State	ZIP

AVAILABILITY		
	HOURS AVAILABLE (ex: 9-5)	Can you start work immediately? YES <input type="checkbox"/> NO <input type="checkbox"/>
Monday		If no, when?
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

DISCLAIMER AND SIGNATURE

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.

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.

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.

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.

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.

Signature	Date
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