# **EMPLOYMENT APPLICATION**

(An Equal Opportunity Employer)

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Doto			



# PERSONAL INFORMATON

Name	•			Social Social
NameLast	First	Middle		Security No
Present AddressStreet	City	State	Zip	Best email
Permanent Address				Best Phone Number ( )
Street	City	State	Zip	
Do you have any relatives in o	ur employ? Y	es No If	yes, list na	me and relationship:
	Name		<del></del>	Relationship
	Name			Relationship
Are you 18 years or older?	Yes No			
EMPLOYMENT DESIRED				
Type of position you are seeki	ng?			
How did you happen to apply	for this position? _			
Special Skills: Kitchen: (use back of sheet if more space		_ Office:		Other:
Date your can start?	Salary desired?			
Ever applied to teds market be	fore?Yes No	If yes, when?		
Are you employed now? Y	es No			
Are you available to work:	Full Time	Part Time	Shi	ft Work Temporary
GENERAL INFORMATION	N .			
Have you ever been employed	by teds market befo	ore? Yes _	No	
If yes, when?	Reas	son for leaving	?	
Have you been convicted of a	felony within the las	st 10 years?	_Yes	No. If yes, please explain
(Co	nviction will not nec	cessarily disqua	llify an app	plicant from employment)
Are you legally eligible for em (Proof of U.S. Citizenship or I				loyment)
In Case of emergency notify:				
	A 11			
Name	Address			Phone Number

# **EDUCATION**

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE		Major ————			
COLLEGE		Minor			
HIGH SCHOOL		Major			
		Minor			
MASTERS					
TECHNICAL OTHER COURSES					

#### **EMPLOYMENT**

ALL PARTS MUST BE COMPLETED. REFERENCE TO A RESUME IS UNACCEPTABLE. APPLICANT SHOULD LIST THE LAST FOLIR (4) FMPLOYERS STARTING WITH THE MOST RECENT. INCLUDING MILITARY

ATTLICANT SHOULD LIST THE LAST FOUN	(4) EMI LOTEKS, STAKTING	WITH THE MOST RECENT, INCLUDING MILITART.	
COMPANY NAME	NAME OF SUPERVISOR	R COMPANY TELEPHONE NUMBER	
ADDRESS		EMPLOYED (STATE MONTH AND YEAR)	
		FROM TO	
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING	
		ENDING SALARY/WAGE	
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER	
ADDRESS		EMPLOYED (STATE MONTH AND YEAR)	
		FROM TO	
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING	
		ENDING SALARY/WAGE	
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER	
		( )	
ADDRESS		EMPLOYED (STATE MONTH AND YEAR)	
		FROM TO	
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING	
		ENDING SALARY/WAGE	
COMPANY NAME	NAME OF SUPERVISOR	COMPANY TELEPHONE NUMBER	
		( ) EMPLOYED (STATE MONTH AND YEAR)	
ADDRESS	DRESS		
		FROM TO	
STATE JOB AND DESCRIBE WORK		REASON FOR LEAVING	
		ENDING SALARY/WAGE	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to teds market.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without prior notice.				
DATE	SIGNATURE			
v1d.050615				

# teds market Pre-Employment Form Applicants Applying for Positions in INDIANA

# DRUG ABUSE AND SMOKING\*

As a prequalification to assuming any position, prospective employees may be required to provide a urine sample for drug testing. Testing may occur when work place behavior indicates that an employee is under the influence of drugs.

teds market, has a smoking policy that prohibits an employee from smoking on company property and while the employee is on the job.

property and while the	employee is on the job.				
during employment. It property or while an em	narket, may ask me to provi furthermore understand tha aployee is on the job and the in immediate termination of	t the company prohibits at violation of this police	s smoking on company		
(applicant's signature)		(da	(date of signature)		
	PERSONAL / BUSINE	ESS REFERENCES			
from whom we may see	at you provide the names of cure background information ovide all requested information	on to be used to determi	excluding relatives, ne qualifications for		
Name	Relation/How Known	Address	<u>Telephone</u>		
			_		
		_	_		
			_		
	PERMISSION TO RELEA	ASE INFORMATION*			
information pertaining including employment reemployment possibili records, including felor of verifying employment	tase to teds market, and its ato my school attendance, tr dates, job titles, salary, job ties. Furthermore, I authorates, misdemeanors, and trainformation. I understand may, regardless of the dwithout prior notice.	anscripts, and/or past en performance, reason for ize the release of information ffic violations, to teds and agree that, if hire	mployment records, or termination, and mation regarding police market, for the purpose ad, my employment is		

(date of signature)

(applicant's signature)

<sup>\*</sup> Please note: you may be asked to complete additional releases based on specific record verifications or screens.