| 4                           | Appl | icar | t M  | ust I | ndi | cate  |       |
|-----------------------------|------|------|------|-------|-----|-------|-------|
| Positi                      | on a | ppli | ed f | or_   |     |       |       |
| ☐ Full<br>availa<br>part ti | ble  | - wo | uld  | you   | cor | nside |       |
| ☐ Par<br>and h              |      |      |      |       | -   | avai  | lable |
| Day                         | М    | Tu   | W    | Th    | F   | Sa    | Su    |
| FROM                        | :    | _    |      | _     | _   |       | _     |
| TO:                         | _    |      |      |       |     |       |       |

## APPLICATION FOR EMPLOYMENT WITH

## DANFORTH'S DOWN HOME SUPERMARKET

## **IMPORTANT - PRINT - ANSWER ALL QUESTIONS**

| and hours you                                 | can work:                        | IIVIPO                         | <u> MIAINI - F</u>            | PRIINI - AIN      | ISWER ALL QUESTIONS                                |
|---|----------------------------------|--------------------------------|-------------------------------|-------------------|--|
| Day M Tu<br>FROM:<br>TO:                      | W Th F Sa Su<br>— — — — —        |                                |                               |                   |  |
| APPLICANT W                                   | /ILL BE CONSIDERED               | FOR POSITION(                  | S) INDICATED                  |                   |  |
|   |                                  |                                |                               |                   |  |
| Name  | First                            |                                | Middle                        |                   | Social Sec. No                                     |
| Home Address                                  |                                  |                                | Middle                        |                   | Home Phone ()                                      |
| Horne Address                                 | St. & Number                     | City                           | State                         | Zip Code          | Home Phone (                                       |
| Are vou 18 vear                               | rs of age or older?              | Yes. If not.                   | state vour age                |                   |  |
| -   | _                                |                                |                               |                   | ion? NoYes   |
| -   | -                                |                                |                               | -                 | ent. Factors such as age, time of the offense,     |
|   | •                                |                                | -                             |                   | t, and rehabilitation will be taken into account.) |
| ,   | ,                                |                                |                               | , p               | ,,   |
|   |                                  |                                |                               |                   |  |
| Have vou ever l                               | been employed by a Su            | upermarket or its              | affiliates?                   | No                | Yes. If yes, where and when                        |
|   |                                  |                                |                               |                   |  |
| If yes why did y                              | ou leave?                        |                                |                               |                   |  |
|   | y relatives now with Da          |                                |                               |                   |  |
| Are you either a                              | u.S. Citizen or an alie          | n lawfully permit              | ted to work in t              | he United States  | ? Yes No   |
| All new hires w                               | ill be required to prove         | eligibility to work            | in the United S               | States in accorda | ance with Federal Law.                             |
|   |                                  | NUMBER OF                      | LUCUEST                       |                   |  |
| EDUCATION                                     | NAME OF SCHOOL<br>CITY AND STATE | NUMBER OF<br>YEARS<br>ATTENDED | HIGHEST<br>GRADE<br>COMPLETED |                   | COURSE OF STUDY                                    |
| GRADE   |                                  |                                |                               |                   |  |
| SCHOOL  |                                  |                                |                               |                   |  |
| HIGH  |                                  |                                |                               |                   |  |
| SCHOOL  |                                  |                                |                               |                   |  |
| COLLEGE OR                                    |                                  |                                |                               |                   |  |
| UNIVERSITY                                    |                                  |                                |                               |                   |  |
| POST  |                                  |                                |                               |                   |  |
| GRADUATE                                      |                                  |                                |                               |                   |  |
| SPECIAL                                       |                                  |                                |                               |                   |  |
| COURSE  |                                  |                                |                               |                   |  |
| References: (<br>List name, co<br>Checked By: |                                  | lephone numbe                  | er of 3 persona               | al references (d  | other than relatives and employers)                |
| 1.  |                                  |                                |                               |                   |  |
| 2.  |                                  |                                |                               |                   |  |
| 3.  |                                  |                                |                               |                   |  |
| What are you                                  | r salary requirements            | s?                             |                               |                   |  |
| _   |                                  |                                |                               |                   | towards?   |

## PREVIOUS EMPLOYMENT RECORD - LIST LAST POSITION FIRST

|  | EMPLOYER   | JOB DUTIES  | PAY O  | R REASON FOR LEAVING   |
|--|--|---|--|--|
| LAST JOB   |  |   | START  |  |
| FROM   | Name   |   | \$<br>Finish   |  |
| то   | Address  |   | \$   |  |
| 10   | Type of Business   | Your immediate Supervisor's Name/Title/Phone  | #  |  |
| NEXT TO  | Name   |   | START<br>\$  |  |
| LAST JOB<br>FROM   |  |   | Finish   |  |
| то   | Address  |   | \$   |  |
|  | Type of Business   | Your immediate Supervisor's Name/Title/Phone  | # START  |  |
| PRIOR JOB<br>FROM  | Name   |   | \$   |  |
| то   | Address  |   | Finish<br>\$   |  |
|  | Type of Business   | Your immediate Supervisor's Name/Title/Phone  | #  |  |
| low did voi  | ı learn of this job?   | <u> </u>  | —<br>Walk-In   |  |
| Referred   |  |   | Agency   | Other  |
|  |  |   |  |  |
| tional in resulting Home S employs correct, the info   | stitutions, persons and la<br>g from such an investigat<br>supermarket, I authorize t<br>ment. I certify that the sta<br>and thereby grant Danfort<br>rmation contained herein.  | nployers, corporations, credit agenci wenforcement agencies from any and ion. Upon my termination from Danfo he release of information in connectivatements made on this application as h's Down Home Supermarket permission is understood that any false statements of this application or, if already   | I all liability rth's Down on with my re true and on to verify ents made   | INTERVIEWER AFTER  OFFER TO EMPLOY:  Starting Date           |
|  | _  | ed my employment is for no definite   |  |  |
| Home S<br>sor, mai<br>the Pres<br>or guara   | supermarket or myself. I f<br>nager or representative of<br>sident, has any authority t<br>antee of employment, wh   | or any reason at the option of Danfo<br>urther understand that, if employed, r<br>Danforth's Down Home Supermarket,<br>o enter into or authorize any agreemer<br>ether oral or written, which is incons<br>spermarket's right to terminate my en  | other than<br>other than<br>ot, contract<br>sistent with   | Salary Rate  |
| Home S<br>sor, mai<br>the Pres<br>or guara   | Supermarket or myself. I finager or representative of<br>sident, has any authority tantee of employment, who<br>panforth's Down Home Su  | urther understand that, if employed, r<br>Danforth's Down Home Supermarket,<br>o enter into or authorize any agreemer<br>ether oral or written, which is incons   | other than<br>other than<br>ot, contract<br>sistent with   | Position   |
| Home S sor, mai the Pres or guara my or D at any ti  I unders of a drug state lay and do I Home S Home S Superm consent  | supermarket or myself. I finager or representative of sident, has any authority to antee of employment, who anforth's Down Home Sume.  Stand that my employment gand/or alcohol screening w, I voluntarily consent that pereby authorize the releasupermarket. I understand upermarket's expense and arket and those performing that as a condition of contents.   | urther understand that, if employed, repaired that, if employed, repaired that any agreement of enter into or authorize any agreement ether oral or written, which is inconsupermarket's right to terminate my entermarket's right to terminate medical test for drugs and see of the results of such tests to Danforthat the test will be performed at Danforthat the test (s). I also understand and ontinued employment, I will agree to   | completion rederal and dor alcohol rth's Down rown Home voluntarily submit to  |  |
| Home S sor, mai the Pres or guara my or D at any ti  I unders of a drug state lay and do I Home S Home S Superm consent drug an to my e  | supermarket or myself. I finager or representative of sident, has any authority to antee of employment, who anforth's Down Home Sume.  Stand that my employment gand/or alcohol screening w, I voluntarily consent that pereby authorize the releasupermarket. I understand upermarket's expense and arket and those performing that as a condition of cold alcohol testing. I hereby mployer and waive all cla  | urther understand that, if employed, repaired that, if employed, repaired that any agreement of enter into or authorize any agreement of enter oral or written, which is inconstant or a written, which is inconstant or written, incomplete the results of such tests to Danford waive all claims against Danforth's Dang the test(s). I also understand and continued employment, I will agree to a authorize the release of the results of ims against my employer and those incomplete.   | completion rederal and alor alcohol rth's Down rown Home voluntarily submit to f such test performing  | Position  Date of Birth  Full Time                           |
| Home S sor, mai the Pres or guara my or D at any ti  I unders of a drug state lay and do I Home S Home S Superm consent drug an to my e the test to imme   | supermarket or myself. I finager or representative of sident, has any authority to antee of employment, who anforth's Down Home Sume.  Stand that my employment gand/or alcohol screening w, I voluntarily consent that pereby authorize the releasupermarket. I understand upermarket's expense and arket and those performing that as a condition of cold alcohol testing. I hereby mployer and waive all clay or releasing information and ediate termination for faill   | urther understand that, if employed, repaired that, if employed, repaired that it is not authorized any agreement of each of the results of such tests to panforth's Danforth's | completion sederal and dor alcohol rth's Down bown Home voluntarily submit to f such test performing be subject st. I further  | Position  Date of Birth  Full Time Part time  Location       |
| Home S sor, mai the Pres or guara my or D at any ti  I unders of a drug state lay and do I Home S Home S Superm consent drug an to my e the test to imme underst Superm It is the individu associa | supermarket or myself. I finager or representative of sident, has any authority to antee of employment, who anforth's Down Home Suime.  Stand that my employment of and/or alcohol screening of the interest and inte | urther understand that, if employed, repaired that, if employed, repaired that it is not authorized any agreement of each of the results of such tests to panforth's Danforth's | crith's Down no supervi- other than not, contract sistent with inployment completion rederal and dor alcohol orth's Down rown Home voluntarily submit to f such test performing be subject st. I further own Home coy qualified neement of ister activi- | Position  Date of Birth  Full Time Part time  Location  Area |

Mail application to: Danforth's Down Home Supermarket 2402 Rte. 2, Suite 1 Hermon ME 04401 Signature of Interviewer

Date

Applicant's Signature