

APPLICATION FOR EMPLOYMENT WITH

DANFORTH'S DOWN HOME SUPERMARKET

IMPORTANT - PRINT - ANSWER ALL QUESTIONS

Applicant Must Indicate	
Position applied for _____	
<input type="checkbox"/> Full Time: If full time job not available - would you consider part time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Part Time: Circle days available and hours you can work:	
Day	M Tu W Th F Sa Su
FROM:	_____
TO:	_____

APPLICANT WILL BE CONSIDERED FOR POSITION(S) INDICATED

Name _____ Social Sec. No. _____

Last
First
Middle

Home Address _____ Home Phone (____) _____

St. & Number
City
State
Zip Code

Are you 18 years of age or older? _____ Yes. If not, state your age _____

Have you ever been employed by a Supermarket or its affiliates? _____ No _____ Yes. If yes, where and when _____

If yes why did you leave? _____

Do you have any relatives now with Danforth's Down Home Supermarket _____

Are you either a U.S. Citizen or an alien lawfully permitted to work in the United States? _____ Yes _____ No

All new hires will be required to prove eligibility to work in the United States in accordance with Federal Law.

EDUCATION	NAME OF SCHOOL CITY AND STATE	NUMBER OF YEARS ATTENDED	HIGHEST GRADE COMPLETED	COURSE OF STUDY
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
POST GRADUATE				
SPECIAL COURSE				

References: (Optional)
 List name, complete address & telephone number of 3 personal references (other than relatives and employers)
 Checked By:

1. _____
2. _____
3. _____

What are your salary requirements? _____

What position in Danforth's Down Home Supermarket would you ultimately work towards? _____

DANFORTH'S DOWN HOME SUPERMARKET IS AN EQUAL OPPORTUNITY EMPLOYER

PREVIOUS EMPLOYMENT RECORD - LIST LAST POSITION FIRST

DATES	EMPLOYER	JOB DUTIES	PAY OR EARNINGS	REASON FOR LEAVING
LAST JOB FROM	Name		START \$	
	Address		Finish \$	
	Type of Business	Your immediate Supervisor's Name/Title/Phone #		
NEXT TO LAST JOB FROM	Name		START \$	
	Address		Finish \$	
	Type of Business	Your immediate Supervisor's Name/Title/Phone #		
PRIOR JOB FROM	Name		START \$	
	Address		Finish \$	
	Type of Business	Your immediate Supervisor's Name/Title/Phone #		

How did you learn of this job? Advertisement Walk-In
 Referred by: Friend School Customer Agency Other _____

I hereby grant permission for the authorities of Danforth's Down Home Supermarket, or its agents, to investigate my references, and I release Danforth's Down Home Supermarket and all previous employers, corporations, credit agencies, educational institutions, persons and law enforcement agencies from any and all liability resulting from such an investigation. Upon my termination from Danforth's Down Home Supermarket, I authorize the release of information in connection with my employment. I certify that the statements made on this application are true and correct, and thereby grant Danforth's Down Home Supermarket permission to verify the information contained herein. It is understood that any false statements made herein may be cause for cancellation of this application or, if already employed, may be cause for termination.

I understand and agree that if hired my employment is for no definite period and may be terminated at any time for any reason at the option of Danforth's Down Home Supermarket or myself. I further understand that, if employed, no supervisor, manager or representative of Danforth's Down Home Supermarket, other than the President, has any authority to enter into or authorize any agreement, contract or guarantee of employment, whether oral or written, which is inconsistent with my or Danforth's Down Home Supermarket's right to terminate my employment at any time.

I understand that my employment may be contingent upon successful completion of a drug and/or alcohol screening. As may be authorized by applicable Federal and state law, I voluntarily consent that I will take a medical test for drugs and/or alcohol and do hereby authorize the release of the results of such tests to Danforth's Down Home Supermarket. I understand that the test will be performed at Danforth's Down Home Supermarket's expense and waive all claims against Danforth's Down Home Supermarket and those performing the test(s). I also understand and voluntarily consent that as a condition of continued employment, I will agree to submit to drug and alcohol testing. I hereby authorize the release of the results of such test to my employer and waive all claims against my employer and those performing the test or releasing information about the test. I understand that I may be subject to immediate termination for failing to submit to a drug or alcohol test. I further understand that a positive test will result in a rescission of Danforth's Down Home Supermarket's offer of employment.

It is the policy of Danforth's Down Home Supermarket to seek and employ qualified individuals in all positions, to provide equal opportunities for the advancement of associates including upgrading, promotion and training, and to administer activities in a manner which will not discriminate against any individual because of race, color, religion, sex, national origin, disability or age.

TO BE COMPLETED BY

INTERVIEWER AFTER

OFFER TO EMPLOY:

Starting Date _____

Salary Rate _____

Position _____

Date of Birth _____

Full Time Part time

Location _____

Area _____

W-4 Completed

I-9 Completed

Drug Screening Required Yes No

Date Applicant's Signature

Signature of Interviewer

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