

STORE # _____

Gristedes Food Inc.

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

PERSONAL INFORMATION -----						
First Name	MI	Last	Social Security Number			
- -						
Street Address	Apt. #	City	State	Zip Code		
Telephone # () -	Have you ever worked <input type="checkbox"/> yes for the company <input type="checkbox"/> no		If yes, what location?	Date of Employment From: To:		
Cellular # () -	E-mail address					
Do you have a physical condition or handicap which may limit your ability to perform the job for which you are applying?		If yes, give details	Are you under 18 yrs. And if so, what age?			
Have you been convicted of a criminal offense within the past seven years? (Except minor traffic offenses). Conviction is not necessarily a bar to employment.		If yes, give details				
INJURIES: Have you ever had any injuries (on or off the job), which have affected your fitness to perform your job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested in the lines below.						
DATE	LOCATION and employer (If Applicable)	DETAILS	Are you recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give details		
How were you referred to the company		In case of an emergency, notify the following person:				
		Name: Address:				
EMPLOYMENT INTERESTS						
Position you are applying for:		Salary Expected	Date Available: <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No						
Certain jobs within the company require use of a car or other motorized vehicle. If use of such a vehicle was required in the job for which you are applying...		A. Do you have or can you get a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		B. Do you have access to a car or other motorized vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		C. Do you have or can you get liability insurance on such a vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PLEASE PUT A CHECK (✓) NEXT TO THE DAYS YOU ARE AVAILABLE TO WORK AND INDICATE HOURS AVAILABLE CIRCLE AM OR PM						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM AM PM	FROM AM PM	FROM AM PM	FROM AM PM	FROM AM PM	FROM AM PM	FROM AM PM
TO AM PM	TO AM PM	TO AM PM	TO AM PM	TO AM PM	TO AM PM	TO AM PM
EDUCATIONAL BACKGROUND	NAME AND ADDRESS		YEARS ATTENDED	GRADUATED	TYPE OF DEGREE, CERT DIPLOMA	
HIGH SCHOOL					<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE, OR UNIVERSITY					<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS, TRADE SCHOOL OR JUNIOR COLLEGE					<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER					<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, AND U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form

Company Name	Type of Business	Employment Dates (Month and Year)
Address	Telephone #	Weekly pay Start _____ End _____
Job Title	Describe Duties and Responsibilities	
Name of Supervisor	Reason for leaving or wishing to leave	May we contact your employer? Y _____ N _____

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SPECIAL EMPLOYMENT NOTICE

If employed, I agree to conform to all of the policies and procedures of the company and recognize that my employment and compensation can be terminated, with or without just cause, and without notice at any time. I understand that no employee of the company has authority to enter into any agreement for employment for a specific period of time.

STATEMENT

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on the application shall be considered sufficient cause for dismissal. I authorize the company to verify all statements contained in this application and to make any necessary reference checks except as limited above for my present employer.

Applicant's

Signature: _____

Date: _____

The application is considered active for 60 days from the above date.

OFFICIAL USE ONLY

Interviewer's Name and Comments

SECTION TO BE COMPLETED WHEN HIRED:

1. Store #: _____	Hire Date: _____	Job Title _____
Dept. #: _____	Birth Date: _____	Sex: M _____ F _____
Salary/Rate (enter only one)	1- Full Time Weekly Pay \$ _____	2. -Part Time Hourly Rate \$ _____

Approval Signature: _____

Date: _____