



## APPLICATION FOR EMPLOYMENT

Elgin Fresh Market Company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

<b>PERSONAL INFORMATION</b> (Please print)				Social Security No.		Today's Date		
Last Name		First	Middle					
Present Address	Street		City		State	Zip Code		
HOME Phone # _____				CELL Phone # _____				
Do you have a Driver's License or State ID?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, Driver's License or ID # _____								
Are you less than 18 years of age?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Have you been convicted of a crime in the last seven (7) years?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, list convictions that are a matter of public record (arrests are not convictions).								
A conviction will not necessarily disqualify you for employment								
Did you suffer any injury in the past that may prevent you for performing any of the duties for the job to which you are applying for?								
<input type="checkbox"/> Yes		<input type="checkbox"/> No						
<b>EMPLOYMENT DESIRED:</b> (If you are applying for a retail hourly position, please keep in mind that the availability of hours may vary)								
Position		Department		Salary Desired		Date You Can Start		
Specify hours available for each day of the week		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
		Saturday						
Are you able to work overtime ?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Have you ever worked for Elgin Fresh Market?		
		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		
If yes when? _____		Which Store? <input type="checkbox"/> Summit		<input type="checkbox"/> McLean		Which Department ? _____		

EDUCATION		Circle Last				Did You		Subjects Studied and	
Name & Address of School		years Completed				Graduate?		Degrees Received	
High School		1	2	3	4	Y	N		
College		1	2	3	4	Y	N		
Trade, Business		1	2	3	4	Y	N		

FORMER EMPLOYERS (List below last three employers, starting with last one first)					
Date (Month & Year)	Name & Address Of Employer		Salary	Position	Reason For Leaving
From					
To					
From					
To					
From					
To					

List skills relevant to the position applied for \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why would you like to work at Elgin Fresh Market Company? \_\_\_\_\_

Do you know anybody who works for this company?      Yes    No

Is he/she related to you?      Yes      No    Name \_\_\_\_\_ Relationship \_\_\_\_\_

**REFERENCES** Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

" 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 and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

**REMARKS**


**FORMER EMPLOYERS**

List below current and last two employers, starting with most recent one first.  
Please complete even if you attach a resume.

Date (M/D/Y)

1

From	Current employer (Name and Address- Type of Business)	Salary Or Hourly	Position	Reason for leaving
To		Starting _____ Ending _____ If hourly, average # of hours per week _____		

Duties Performed

Supervisor's Name Phone Number May We Contact?

2

From	Current employer (Name and Address- Type of Business)	Salary Or Hourly	Position	Reason for leaving
To		Starting _____ Ending _____ If hourly, average # of hours per week _____		

Duties Performed

Supervisor's Name Phone Number May We Contact?

3

From	Current employer (Name and Address- Type of Business)	Salary Or Hourly	Position	Reason for leaving
To		Starting _____ Ending _____ If hourly, average # of hours per week _____		

Duties Performed

Supervisor's Name Phone Number May We Contact?

**REFERENCES**

Give below the name of two professional references, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted How Do You Know This Person
1			
2			
3			

I hereby authorize Elgin Fruit Market to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Elgin Fruit Market to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, of if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and or non-complete agreement, should I become an employee of Elgin Fruit Market, I understand that nothing containing in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Elgin Fruit Market to hire me. **( U.S. APPLICANTS ONLY: I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Elgin Fruit Market at any time without prior notice for any reason.**

**MARYLAND APPLICANTS ONLY:** Under Maryland law, an employer may not require or demand, as a condition of employment prospective employment, or continued employment, that an individual submit to or take, a lie detector or similar test. An employer who violates this law is guilty of misdemeanor and subject to a fine not exceeding \$ 100.00 **MASACHUSETTES APPLICANTS ONLY:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**CALIFORNIA APPLICANTS ONLY:** Applicant may omit any convictions for the possession of marijuana ( except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two (2) years old, and any information concerning a referral to, and participation in , any pretrial or post trial diversion program.

Date Signature

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_