



**For Office Use only**

Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

Full Time  Part Time

Dept: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_

Handbook:  English

**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 (Please print)</b>			Social Security No.	Date (M / D / Y)
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 at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If no your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.				
Did you suffer any injury in the past that may prevent you from performing any of the duties for the job to which you are applying? <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 If yes when? _____ Have you ever worked for Elgin Fresh Market? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Store? <input type="checkbox"/> Summit <input type="checkbox"/> McLean Which Department? _____							

<b>EDUCATION</b>	Name & Address of School	Circle Last				Did You	Subjects Studied and
		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	

<b>FORMER EMPLOYERS</b> (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				
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**
