



Employment Application

It is Grace's Marketplace policy to provide equal opportunities and fair treatment to all employees and job applicants in all employment practices. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital status, veteran status, sex, national origin, disability, or any other legally protected status.

Please print clearly and fill in all the blanks. Enter "N/A" if a question is not applicable to you.

First Name:	Last Name:	Middle:
Position applying for:		
Street Address:		
City:	State:	Zip Code:
Primary Phone:	Email address:	
Have you applied for work at Grace's Marketplace before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, explain:
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Proof of identity and eligibility will be required upon employment</small>		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*If no, you may be required to provide authorization to work</small>
Do you have any friends or relatives working for Grace's Marketplace? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state name(s) and relationship:		
Do you have reliable transportation to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please list dates of service and branch:		

Employment History

List your last three (3) employers starting with the most recent.

<u>Start Date:</u>	<u>End Date/Current:</u>	<u>Employer:</u>	
Job Title:		Immediate Supervisor/Title:	
Street Address:	City:	State:	Zip Code:
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe duties/responsibilities:			



Start Date:	End Date/Current:	Employer:		
Job Title:		Immediate Supervisor/Title:		
Street Address:	City:	State:	Zip Code:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe duties/responsibilities:				
Start Date:	End Date/Current:	Employer:		
Job Title:	Rate of Pay:	Immediate Supervisor/Title:		
Street Address:	City:	State:	Zip Code:	
Reason for Leaving:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe duties/responsibilities:				

Have you ever been involuntarily terminated or asked to resign from any job? Yes No

If yes, please explain:

Education and Credentials

Education Level	Name and Location	Major	Did you graduate? If yes, degree
High School			
College or University			
Graduate School			
Trade/Other			



Please list any active certifications you hold:

Certification	Certifying Agency	Date Certified

Please provide additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: _____

Availability:

When are you available to begin work? _____

Please mark an X on the days you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Are you available to work: [] DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] PART-TIME [] SEASONAL

Physical Requirements:

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given in this application is true and complete in all respects, and I agree that if the information is found at any time to be false or incomplete in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked and provide documentation as requested concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages by reason of having furnished such information.

As a condition of employment, I agree that all information which I may obtain or have access to in the course of my employment will be treated as confidential and proprietary and will not be disclosed to any unauthorized person either during or after employment.

In consideration of my employment, I agree to conform to my employers' rules and regulations, which may be changed from time to time. I understand that my employment can be terminated at any time, with or without cause, at the option of either the Company or me and that if I become employed, that no employee handbook or policy statement constitutes a contract of employment.

Print Name

Signature

Date



EMPLOYER USE ONLY

Date: _____

Interviewed by: _____ Title: _____

Interviewed by: _____ Title: _____

References

Checked: Yes No Date: _____

Background
Checked: Yes No Date: _____

Job offered: Yes No Date: _____

Job accepted: Yes No Date: _____

Starting date: _____ Job title: _____