



APPLICATION FOR EMPLOYMENT

ATTENTION APPLICANT: The Civil Rights Acts of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals as well as discrimination on the basis of a physical or mental disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types of discrimination based upon ancestry, marital status, or other factors. IGA Express fully complies with all such laws.

PERSONAL INFORMATION

(Print) Full Name: _____
First Middle Last

Present Address _____
Number & Street

_____ City State Zip

Soc. Sec. No. _____ Phone No. _____

Are you a U.S. Citizen? Yes No Are you 18 years or older? Yes No If yes, are you 21 years or older? Yes No

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted.

May we contact your present employer? Yes No

DATES MO/YR	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	WAGES	LIST MAJOR JOB DUTIES
From	Name Address	Your Job Title	Starting	
To	Phone	Supervisor	Final	
Reason for Leaving				
Was your departure <input type="checkbox"/> Voluntary or <input type="checkbox"/> Involuntary ?				
From	Name Address	Your Job Title	Starting	
To	Phone	Supervisor	Final	
Reason for Leaving				
Was your departure <input type="checkbox"/> Voluntary or <input type="checkbox"/> Involuntary ?				
From	Name Address	Your Job Title	Starting	
To	Phone	Supervisor	Final	
Reason for Leaving				
Was your departure <input type="checkbox"/> Voluntary or <input type="checkbox"/> Involuntary ?				

EDUCATION

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL				
COLLEGE				
OTHER (specify)				

AVAILABILITY

Total Hours available per week _____ Position applied for _____ When could you begin work? _____
 Are you willing to work an irregular schedule, overtime, different shifts, and weekends when necessary? ___ Yes ___ No If no, please explain. _____

Do you have access to adequate transportation to travel to and from work? ___ Yes ___ No If no, please explain. _____

DAY	S	M	T	W	T	F	S
FROM							
TO							

Are you aware of any reason that you cannot perform essential functions of the job with or without reasonable accommodations? ___ Yes ___ No
 If yes, please specify: _____

Have you ever been convicted of a crime, excluding misdemeanors? ___ Yes ___ No If yes, describe in full: _____

Have you ever been bonded? ___ Yes ___ No If yes, by which employer(s)? _____

EMERGENCY NOTIFICATION

This information is to facilitate contact in the event of an emergency and is not used in the selection process.

Full name	Address	Phone	Relationship
Place of Employment	Address	Phone	

SIGNATURE PLEASE READ STATEMENT CAREFULLY.

Fair Credit Reporting Act and Employment at Will Disclosure.

I understand I am applying for employment which can be terminated at will by either myself or IGA Express at any time and that nothing contained in any manual, brochure, or other IGA Express materials shall constitute an implied contract for employment or continued employment. I also acknowledge that IGA Express may request previous employment and/or background information to evaluate my qualifications for employment. Upon written request, information as to the nature and scope of such report will be provided. I understand that false or incomplete information in this application for employment is grounds for dismissal and forfeiture of all related benefits. It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other as may be required by the company. The company will pay the reasonable cost of any such examination which may be required. I certify that the information on this application is accurate and complete.

If hired, I agree to complete a bonding application if requested by the insurance company, and in order to comply with Federal Employment Eligibility Verification Law will provide either ONE document from List A or ONE document from List B and ONE document from List C:

LIST A

- United States Passport
- Certificate of U.S. Citizenship
- Unexpired Foreign Passport with Employment Authorization
- Alien Registration Card with Photo

LIST B

- Unexpired State-issued Drivers License
- Unexpired State-issued Identification Card
- School Identification Card w/photo
- Voter's Registration Card
- United States Military Card

LIST C

- Social Security Number Card (original)
- An Original or Certified Copy of a Birth Certificate Issued by State or County, Bearing an Official Seal

Persons under age 18 who are may bring a:

- unable to pre:
- School Record or Report Card
 - Clinic, Doctor, or Hospital Record
 - Daycare or Nursery School Record

FAILURE TO PROVIDE THE DOCUMENT(S) REQUIRED BY LAW WILL RESULT IN IMMEDIATE TERMINATION.

Signature _____ Date _____