



West Rome IGA, LLC Application for Employment

An Equal Opportunity Employer

Equal access to services and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a member of Store Management.
PLEASE PRINT.

Position(s) applied for: _____ Date of Application: _____

Referral Source: ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Agency
☐ Walk-In ☐ Private Agency ☐ School ☐ Other
Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (_____) _____ Social Security Number _____

Best Time to call you at home is _____ Alternate Phone Number _____

Email Address _____ What salary do you require? _____

If you are under eighteen, can you furnish a Worker's Permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

If yes, give date / /

Have you been employed here before? ☐ Yes ☐ No

If yes, give dates from / / to / /

Are you legally eligible for employment in this country? ☐ Yes ☐ No
(Proof of U.S. Citizenship or immigration status will be required upon employment and prior to beginning work.)

Date available for work / /

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary

Will you work evenings if required? ☐ Yes ☐ No Will you work weekends if required? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No Are you available to work 3rd shift? ☐ Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Have you been convicted of a felony in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain _____

EDUCATION

Name and Location of School	Circle Last Year Completed				Did You Graduate?	
High School	1	2	3	4	Yes	No
College / Trade School	1	2	3	4	Yes	No
Other	1	2	3	4	Yes	No

EMPLOYMENT HISTORY – List your last three (3) employers starting with your most recent, including military experience. Explain any gaps in employment in the comments section below.

Name of Employer	Type of Business	Employment Dates	Your Title and Duties
Address Phone #	Supervisor Name & Title	Rate of Pay	Reason for Leaving
City State Zip			
Name of Employer	Type of Business	Employment Dates	Your Title and Duties
Address Phone #	Supervisor Name & Title	Rate of Pay	Reason for Leaving
City State Zip			
Name of Employer	Type of Business	Employment Dates	Your Title and Duties
Address Phone #	Supervisor Name & Title	Rate of Pay	Reason for Leaving
City State Zip			

COMMENTS (including explanation of any gaps in employment) _____

SKILL AND QUALIFICATIONS – Summarize any special training, skills, or characteristics of yourself that may better qualify you for the position for which you are applying. _____

REFERENCES –List two (2) references, with phone numbers, of people who are not related to you.

APPLICANT AFFIDAVIT – All of the information contained in this application is correct and true to the best of my knowledge. I understand and agree that any false or misleading information reported by me is cause for cancellation of this application and/or grounds for immediate termination, if I am employed by West Rome IGA.

I hereby authorize any former employers or other references to release information about me to West Rome IGA. Furthermore, I release former employers or other references from any liability or damage for having furnished such information.

I understand that this application is not an employment contract. I understand that I am free to resign at any time, and West Rome IGA is free to terminate my employment at any time. I understand that no representative of West Rome IGA has the authority to make any assurances to the contrary.

I realize that this application will be kept current for sixty (60) days, and that if I wish to be considered for employment after that time, it is my responsibility to fill out a new application.

APPLICANT'S SIGNATURE _____ **Date** _____

DRUG CONTROL POLICY – All applicants seriously considered for employment by West Rome IGA are required to submit to a urinalysis drug screen prior to beginning work. This is to prevent the hiring of individuals who use illegal drugs. Illegal drugs are; (1) any drug which is not able to be legally obtained; or (2) which can be legally obtained, but has not been legally obtained. This includes prescriptions not being used for the prescribed purpose, or by the person for whom it was prescribed.

Only applicants with negative screen results will be employed. While employed by this company, associates who are involved in an on-the-job accident which results in damaged equipment or associate injury will be required to submit to a urinalysis drug screen.

This screening must be done within twenty-four (24) hours of the time you are instructed to submit a specimen in or to be considered valid.

Unless required by law, West Rome IGA will not disclose individual drug test results to anyone other than the applicant without a written release from the applicant requesting disclosure to certain designated parties.

Refusal to consent to participate in such drug test will automatically disqualify the applicant from further hiring consideration.

APPLICANT CONSENT FORM – I understand that West Rome IGA requires drug testing as a part of its selection and hiring process. I also understand that such test will consist of the taking of urine to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to West Rome IGA, or agents designated by West Rome IGA, to administer the above said test and to use the results thereof in further determining by employability with this company. If necessary, I agree to furnish information regarding any prescription medication that I am using, and authorize West Rome IGA to obtain any necessary verification from my prescribing physician(s).

APPLICANT'S SIGNATURE _____ **Date** _____