Qualified applicants receive consideration for employment without discrimination based on sex, marital status, race, color, creed, national origin, age, or presence of a non-job-related handicap. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Any false statements on this application form shall be considered sufficient cause for termination.

Name:	
Date:	
Phone Home: ()Cell: ()
Are you seeking	FULL TIME or PART TIME (please circle one)?
FULL TIN	E
PART TII	E
Maximum hours	desired:
Minimum hours	ou would accept:
What is the leng	h of time you would like to be employed with Dissmores?
What shifts are	ou currently available for (please circle all that apply)?
Day: 5:00	am – 6:00 pm
Swing: 4	0 – 12:00 am
Graveyai	l: 12:00 am – 8:00 am
What is your ex	ct time of availability (please write the time you are available to work)?
MONDAY	
TUESDA	
WEDNES	DAY
THURSD	Y
FRIDAY	
SATURD	Y
SUNDAY	
Are you willing	work during Holiday seasons (please circle one)?
YES	
NO	
If	o, why?
Are you current	employed elsewhere (please circle one)?
YES	
	es, where:
Ca	n we call (provide phone number)? () –
NO	

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Pick 3 positions (in order o	f preference,	1 being the job you	want the most) in which you are most
interested:			
Cashier		Freight Stocker	
Courtesy Clerk		Floral Clerk	
Office		Maintenance	
Espresso Clerk		Service Deli	
Bakery Clerk		Grocery Clerk	
Produce Clerk		Meat Clerk	
Have you attained journey	level status ir	n the grocery busine	ss (please circle one)?
YES			
If yes, wh	at departmer	nt?	
How long	<u>;</u> ?		
NO			
If any information changes	are you willi	ng to inform your in	terviewer in writing at least ten days prior to
your change in status (plea	se circle one)	?	
YES			
• NO			
It is understood that, if my application will be consider			le, any false or misleading statement on this
Signed:		Dat	e:

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<u>PERSONAL (</u>	please print)			
Name Address				Date
Auuress				
		State		
Job Applied Salary Exped	For			
Names of rel	atives employed by this comp	any:		
Have you ev Yes	er been employed here (pleas	e circle one)?	,	
	If yes, please provide the da	tes:		
No				
Other names	under which your employme	ent record ma	y be veri	fied:
_	er been convicted of a felony is c bar to employment consider	=	ven years	s (please circle one)? A conviction is not
Are you a U. Yes No	S. Citizen, or have a Visa perm	itting work in	n the U.S.	(please circle one)?
Yes	or older (please circle one)?	Yes	ou 21 or o	older (please circle one)?
No		No		
Have you ob Yes No	tained a high school diploma o	or GED certifi	cate (ple	ase circle one)?

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Education/Training

Include Technical/Academic Achievements/Courses

School	Name/Location	Subject of Specialization	Diploma/Degree Received
College/University			
Specialized Courses/Training			

References

Give the names of three persons not related to you

Name	Address	Telephone	Business
		() -	
		() -	
		() -	