



Corporate Office

504 E. Alvarado St.
Suite 206
Fallbrook, CA 92028

APPLICATION FOR EMPLOYMENT
PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS FULLY.

Name - Last		First		Middle Initial
Street Address			City	
State	Zip Code	Telephone ()	Cell Phone ()	
How Long at Current Address? Years Months		Social Security Number	Email Address	
Previous Street Address				
City			State	Zip Code

Position Applying For: _____ Salary Expected \$ _____ / per hour

Schedule Desired: Full Time Part Time Hours/Week Desired: _____

Are there hours, shifts or days you are not able to work? YES NO If yes, when? _____

GENERAL INFORMATION

Do you have any family, business, health or social obligation that would prevent you from:

Working consistently: YES NO Working overtime: YES NO Lifting up to 40 pounds on a regular basis: YES NO

If yes to any of the above, explain: _____

Will you work Sundays? YES NO Saturdays? YES NO Nights? YES NO

Are you under 18 years of age? YES NO If yes, date of birth: ____/____/____ If under 18, after hired, can you provide a Work Permit? YES NO

Have you been previously employed by Major Market? YES NO If yes, when and where _____

Through what means were you referred to Major Market? _____

WORK HISTORY: BEGIN WITH YOUR MOST RECENT EMPLOYER FIRST. (INCLUDE ANY RELEVANT VOLUNTEER WORK OR UNPAID WORK EXPERIENCE.)

From	To	Employer	Telephone ()
Hourly Rate / Salary Start \$ per Final \$ per		Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason for Leaving:			
From	To	Employer	Telephone ()
Hourly Rate / Salary Start \$ per Final \$ per		Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason for Leaving:			
From	To	Employer	Telephone ()
Hourly Rate / Salary Start \$ per Final \$ per		Address	
Starting Job Title / Final Job Title:		Summarize the Nature of Work Performed and Job Responsibilities	
Immediate Supervisor and Title:			
May we contact for References? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If No, Please Explain:			
Reason for Leaving:			

(Over Please)

Equal Opportunity Employer By Choice

Revised 01/07

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY: _____

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO If "Yes," please explain circumstances: _____

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST TWO YEARS EXCLUDING TIME OFF DUE TO A WORK RELATED INJURY, PROTECTED LEAVE OF ABSENCE, PAID HOLIDAYS, VACATION OR CIVIC OBLIGATIONS (SUCH AS JURY DUTY)? Year _____ Number of Days _____ Year _____ Number of Days _____

PLEASE IDENTIFY ANY POTENTIAL LIMITATIONS REGARDING YOUR METHOD OF TRANSPORTATION TO AND FROM WORK: _____

NAME ANY FRIENDS OR INDIVIDUALS YOU KNOW WHO ARE PRESENTLY EMPLOYED BY MAJOR MARKET: _____

AFTER EMPLOYED, CAN YOU FURNISH DOCUMENTATION PROVIDING THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO

IMPORTANT: Do not answer "Yes" to this question if: (1) the record of this conviction has been judicially ordered sealed, expunged, or statutorily eradicated; or (2) the conviction relates to an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program; or (3) the conviction relates to a misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or (4) the conviction relates to a marijuana-related misdemeanor that occurred more than two years ago.

If "Yes" please complete this information:

Date: _____ County: _____ State: _____ Nature of Offense: _____

ARE YOU CURRENTLY AWAITING TRIAL FOR ANY CRIMINAL OFFENSE? YES NO If "Yes," please complete this information:

Date: _____ County: _____ State: _____ Nature of Offense: _____

A "YES" ANSWER DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT. PLEASE EXPLAIN ANY "YES" ANSWER FULLY SO THAT INDIVIDUAL CIRCUMSTANCES CAN BE CONSIDERED.

DESCRIBE ANY PREVIOUS JOBS OR SPECIAL TRAINING RELEVANT TO THE JOB YOU ARE APPLYING FOR: _____

EDUCATION

SCHOOL NAME	LOCATION	DID YOU GRADUATE?	DEGREE / DIPLOMA	MAJOR / MINOR	GRADE AVERAGE
HIGH SCHOOL					
COLLEGE					
COLLEGE					
BUSINESS / TECHNICAL					
OTHER					

LIST EXTRA-CURRICULAR ACTIVITIES, HOBBIES, ACADEMIC AWARDS, HONOR SOCIETIES, ETC. (Omit those indicating race, creed, color, sex, age, handicap, national origin or other protected group.)

PLEASE READ CAREFULLY BEFORE SIGNING!

I certify that the information given in this application is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision. I understand that the information may be verified by the Company, and I hereby authorize investigation of all statements contained in this application for employment, and I hereby release my present employer and past employers from all liability and damages whatsoever arising from the release of any and all information regarding my employment. If I am employed, in consideration of my employment, I agree to abide by all the rules and policies of the Company, I also agree that the duration of my employment will not be for any specified time and may be terminated by me at will or at the will of the Company, with or without cause, and with or without notice, at any time.

I agree to take a physical examination when requested, as a condition for employment. I also understand Major Market's policy against the use of illegal drugs. I agree to take a drug test when asked. (This test will be paid for by Major Market.)

I agree to submit to examination of my locker, lunch container, tool kit, automobile, or other personal articles, if requested by the Company representatives. I further agree to abide by all posted rules of Major Market.

I understand that false or misleading information given in my application or interview(s) may result in my not being hired, or if hired, in my discharge from employment.

I declare under penalty of perjury that all the foregoing is true and correct.

APPLICANT'S SIGNATURE: _____ DATE: _____

(Do Not Write Below This Line - For Supervisor's Use Only)

POSITION / TITLE: _____

STORE NUMBER OR DEPARTMENT: _____ NEW ASSOCIATE REHIRE STATUS: Full-Time Part-Time

STARTING PAY: \$ _____ STARTING DATE: _____ REFERRED BY: _____

SUPERVISOR'S NAME (Please print): _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____



VOLUNTARY SELF-IDENTIFICATION FORM

We are subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Employee Name _____ Employee Number _____

Employee Signature _____ Date ____/____/____

I understand the reason for this request for voluntarily self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntarily self-identification as stated above and have opted to complete this form.

Gender: Male Female

Race / Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No

If you answered no to the question above, please select the appropriate designation below:

- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

If you have any questions regarding this form, please contact the Human Resources Department.