

## **APPLICATION FOR EMPLOYMENT**

## Notification of the need for reasonable accommodation in the application process:

If you will need an accommodation to complete the application and/or the interview process, please notify us in advance so we can make appropriate arrangements.

						TODAY'S D	ATE
		CELL #					
		0222 //					
		rsons under age erification of ag	-	are between	16 and 18		Yes No
Are you emplo	yed now?						
f "yes", may w	ve contact yo	ur present emp	oloyer?				
lave you ever	been employ	yed by Roth's F	resh Marke	ts?			
f "yes", give lo	cation and d	ates:					
Can you lawful	lly work in th	is country and o	can you pro	vide proof of t	hat?		
Type of work d	lesired:	1st Choice:					
		2nd Choice:					
		<b>3rd Choice:</b>					
lourly wage d	esired:						
Do you have a	valid driver's	license? Lice	nse No				
lave you beer	n convicted o	r pled guilty to a	a felony (ex	cluding a felo	ny expunged		
• •		e that a "YES" a			ally bar you		
rom considera	ation for emp	oloyment. If "YI	LS, please	explain:			
AVAILABLE		: 🗌 Full-Time	Part-Ti	me 🗌 Stock	ing Crew (11:0	)0 p.m. to 7	:00 a.m.)
<b>VAILABLE</b>	HOURS YO		RK				
	SUN	MON	TUE	WED	THU	FRI	SAT
Earliest							
Lamost				1	1		1

EDUCATION	HIGH SCHOOL	COLLEGE
School Name, City / State		
Years Completed	9 10 11 12	1 2 3 4 Grad.

## SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, employment and other activities related to the job you are seeking. Please include any proficiency in a second language.

**REFERENCES** (List 3 non-relatives who are familiar with your qualifications and actual work history and ability.)

	Name	Occupation/Relationship	Years Known	Telephone No.
1.				
2.				
3.				

**EMPLOYMENT EXPERIENCE** (Start with your present or last job. List your last 3 jobs in order. Do not omit any job.)

1) Employer:			Employed
Address:			From: To:
City:	State:	Zip:	Salary (hourly)
Supervisor:	Telephone:		Starting: Ending:
Your Job Position: What did you like most about your j What did you like least about your j Reason for leaving:	job?: ob?:		
2) Employer:			Employed
2) Employer: Address:			
			From: To:
Address:	State:	Zip:	_ From: To: Salary (hourly)
Address:	State: Telephone: _	Zip:	_ From: To: Salary (hourly) Starting: Ending:

3) Employer:			Employed
Address:			From: To:
City:	State:	Zip:	Salary (hourly)
Supervisor:	Telephone: _		Starting: Ending:
Your Job Position: What did you like most about your je			
What did you like least about your jo Reason for leaving:	ob?:		

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. Resumes may be submitted but will not be accepted in lieu of a completed and signed application. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false or misrepresentation of information will result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

I understand that Roth's has a commitment to maintain an alcohol/drug-free workplace and that Roth's, unless prohibited by state law, requires a drug screening as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a saliva sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a confirmatory result from Clinical Reference Laboratory determines that my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration from employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

I agree to conform to all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

I understand that no representative of the Company is authorized to enter into an agreement of any specified length or to alter the at-will nature of the employment except in a written agreement signed by the President.

Yes		No
-----	--	----

I understand that Roth's will contact me if they have a job offer and that Roth's does not discuss hiring decisions with applicants.

I have read, understand and agree with the above.

Date: \_

(Please print this application, fill it out and bring it to the store of your choosing for employment consideration.)

This application is valid for only three hundred sixty five (365) days from the date I signed. If I want to be considered for job openings more than three hundred sixty five (365) days from date signed, I will submit a new application.

An	Equal Op	portuni <sup>.</sup>	ty	Employ	er
	Page	3 of 3 p	ag	ges	