



APPLICATION FOR EMPLOYMENT

NAME _____ TEL. NO. () _____
FIRST MIDDLE LAST

ADDRESS _____
STREET/APTH CITY STATE ZIP COUNTY

FOR WHAT POSITION ARE YOU APPLYING? _____ FULL-TIME PART-TIME EITHER

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF NOT, PLEASE STATE YOUR AGE: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER WORKED FOR EL SUPER YES NO WHEN? WHERE?

POSITION HELD? REASON FOR LEAVING?

LIST OTHER NAMES UNDER WHICH YOU HAVE WORKED OR GONE TO SCHOOL _____

LIST THE NAME OR RELATIVES EMPLOYED BY EL SUPER AND THEIR WORK LOCATION. NONE

NAME	RELATIONSHIP	WORK LOCATION
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- _____
- _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, GIVE DATE(S), PLACES(S) _____
 HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO IF YES, GIVE DATE(S), PLACES(S) _____

NOTE: A CONVICTION RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT

DATE AVAILABLE FOR WORK _____ TOTAL HOURS AVAILABLE PER WEEK _____ LIST HOURS AVAILABLE:

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

EMPLOYMENT HISTORY

DATE BEGAN	DATE LEFT	NAME OF COMPANY, ADDRESS, TELEPHONE NAME OF SUPERVISOR		POSITION(S) HELD/ SALARY	WHY DID YOU LEAVE?
/ / MO./YR. MO./YR	/ /	EMPLOYER	PHONE	SALARY \$ PER	
		ADDRESS			
		CITY, STATE, ZIP	TYPE OF BUSINESS	POSITION	
		SUPERVISOR/TITLE:			
/ / MO./YR. MO./YR	/ /	EMPLOYER	PHONE	SALARY \$ PER	
		ADDRESS			
		CITY, STATE, ZIP	TYPE OF BUSINESS	POSITION	
		SUPERVISOR/TITLE:			
/ / MO./YR. MO./YR	/ /	EMPLOYER	PHONE	SALARY \$ PER	
		ADDRESS			
		CITY, STATE, ZIP	TYPE OF BUSINESS	POSITION	
		SUPERVISOR/TITLE:			
/ / MO./YR. MO./YR	/ /	EMPLOYER	PHONE	SALARY \$ PER	
		ADDRESS			
		CITY, STATE, ZIP	TYPE OF BUSINESS	POSITION	
		SUPERVISOR/TITLE:			

EDUCATION

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

EMPLOYEE EMERGENCY CONTACT

PERSON TO NOTIFY IN CASE OF EMERGENCY	TELEPHONE NUMBER
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PROFESSIONAL/PERSONAL REFERENCES (NOT RELATIVES OR FORMER EMPLOYER)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN
		AREA CODE ()	
		AREA CODE ()	
		AREA CODE ()	

SKILLS & QUALIFICATIONS

PLEASE LIST ANY SPECIAL SKILLS, EXPERIENCES, AND QUALIFICATIONS WHICH YOU FEEL WOULD ENHANCE YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING.

HOW WERE YOU REFERRED TO OUR COMPANY?

- ADVERTISEMENT
 OTHER COMPANY
 AGENCY
 EMPLOYMENT SERVICE
 NAME OF REFERRAL SOURCE _____
 EMPLOYEE
 SCHOOL
 SELF
 OTHER _____

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION

CERTIFICATION: I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize this company to contact any of my past employers and/or schools and authorize my past employees and/or schools to furnish any information concerning my previous employment and/or education. I release this company and all persons and organization from all claims and liabilities of any nature arising from the supplying of this information.

AT WILL EMPLOYMENT: In consideration of my employment, I agree to conform to the rules and standards of "El Super" and agree that my employment is for no definite period of time and may be terminated at will at any time by the company or by me, with or without cause and with or without notice. I have read and understand the foregoing statements and accept the same as conditions of employment.

PHYSICAL EXAM/DRUG SCREENING: I have no objection to taking a physical/medical examination at any time at the option and expense of the company. I understand that applicants must pass a drug screening urinalysis before employment, and I consent to such procedure, at company expense. If I am a minor, I agree to obtain parental consent for the drug screening

SIGNATURE OF APPLICANT: _____ DATE: _____

Company Policy, Federal and State Law prohibit discrimination on the basis of race, color, religion, sex, age, pregnancy, marital status or physical handicap.

OFFICE USE ONLY

<input type="checkbox"/> DH	<input type="checkbox"/> DNH	STANDARD HOURS PER WEEK _____	EFFECTIVE DATE _____
Position	Location	Signature	