

# Nathes 101 Market

## Application for Employment

Date \_\_\_\_\_

### Personal Information

Name:	Social Security Number:		
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Phone Number:	Referred By:		

### Employment Desired

Position:	Date You can Start:	Desired Salary:
Are You Employed now? Yes <input type="radio"/> No <input type="radio"/>	If so, may we inquire of your present employer? Yes <input type="radio"/> No <input type="radio"/>	
Are you legally authorized to work in the U.S.? Yes <input type="radio"/> No <input type="radio"/>		
Have you applied to 101 Market before? Yes <input type="radio"/> No <input type="radio"/> Is so, when?		

### Education History

	Name & Location	Years Attended	Graduated?	Subject
High School				
College				
Trade, Business or Correspondence School				

### General Information

Subjects of Special Study/Research Training:
Special Training:
Special Skills:
U.S. Military or Naval Service: Rank:

### References

List the names of three individuals NOT related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Known

*Work History*

Date	Name & Location	Position	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

*Authorization*

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other related federal and state laws."

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Do Not Write Past This Line**

*Interviewed By:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Remarks*


Neatness:	Character:			
Personality:	Ability:			
Hired:	For Department:	Position:	Will Report:	Salary:

*Approval*

*Employment Manager:* \_\_\_\_\_

*Dept Head:* \_\_\_\_\_

*General Manager* \_\_\_\_\_