

Application for Employment

An Equal Opportunity Employer



Personal Information

Date: _____

Full Name: _____

Address: _____

Town, State & Zip code: _____

Phone Number: _____

Best Time to Call: _____

Email Address: _____

Desired Position: _____

Related Experience: _____

How did you hear about this position? _____

Are you 18 years old or older? Yes No

Are you a US Citizen or an alien authorized to work in the US?

Are you employed now? Yes No

Availability

Please fill out your exact availability outside of school, sports, other jobs, etc.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Work Experience

Start with current or most recent.

Company Name: _____

Location (Town & State): _____

Company Phone Number: _____

Name & Title of Supervisor: _____

Position/Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving:

Description of Work & Responsibilities:

Company Name: _____

Location (Town & State): _____

Company Phone Number: _____

Name & Title of Supervisor: _____

Position/Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving:

Description of Work & Responsibilities:

Company Name: _____

Location (Town & State): _____

Company Phone Number: _____

Name & Title of Supervisor: _____

Position/Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving:

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Description of Work & Responsibilities:

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Consent for Post Offer Drug Test

I understand that if I am a qualified candidate for a job opening, I may be required to undergo a drug screening with a subsequent negative result as a condition of employment. The signing of this form is my permission for LaBonne's Markets or its agent to collect samples of urine and perform screening on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.

Signature: _____ Date: _____

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 employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that my result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____