

JOB APPLICATION



PLEASE PRINT CLEARLY
FILL OUT BOTH SIDES COMPLETELY

TODAY'S DATE: _____
 NAME: _____
 ADDRESS: _____
 PHONE NUMBER: () _____ CELL PHONE NUMBER: () _____
 EMAIL ADDRESS: _____
 DATE OF BIRTH: _____
 HOW DID YOU HEAR ABOUT THE STORE? _____

AVAILABILITY

CIRCLE ALL
AVAILABLE AND
WRITE IN HOURS

SUNDAY
hours:
circle availability:
 DAY NIGHT BOTH

MONDAY
hours:
circle availability:
 DAY NIGHT BOTH

TUESDAY
hours:
circle availability:
 DAY NIGHT BOTH

WEDNESDAY
hours:
circle availability:
 DAY NIGHT BOTH

THURSDAY
hours:
circle availability:
 DAY NIGHT BOTH

FRIDAY
hours:
circle availability:
 DAY NIGHT BOTH

SATURDAY
hours:
circle availability:
 DAY NIGHT BOTH

WHY DO YOU WANT TO WORK HERE? _____

WHICH LOCATION ARE YOU INTERESTED IN? HOLLADAY / THE GATEWAY

HAVE YOU EVER WORKED AT THE STORE BEFORE? YES / NO

details: _____

HAVE ANY FAMILY/FRIENDS WORKED AT THE STORE BEFORE? YES / NO

details: _____

TELL US A LITTLE ABOUT YOURSELF: _____

SPECIAL SKILLS: _____

DO YOU KNOW ANY FOREIGN LANGUAGES? *(circle all that apply)*

LANGUAGE: _____ SPEAK/READ/WRITE FLUENTLY/GOOD/FAIR

LANGUAGE: _____ SPEAK/READ/WRITE FLUENTLY/GOOD/FAIR

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?

YES / NO *(marking yes does not disqualify you)*

education:

HIGH SCHOOL: _____

YEARS COMPLETED: _____ COURSE OF STUDY: _____

COLLEGE/UNIVERSITY: _____

YEARS COMPLETED: _____ COURSE OF STUDY: _____

INTERESTS

1=MOST DESIRED
8=LEAST DESIRED

GROCERY

CASHIER

BAGGER

BAKERY

DELI

PRODUCE

MEAT &
SEAFOOD

OTHER:

(OVER)

employment experience:

ARE YOU CURRENTLY EMPLOYED? YES / NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES / NO

ON WHAT DAY WOULD YOU BE AVAILABLE TO START WORKING? _____

EMPLOYER: _____

ADDRESS: _____

DATE EMPLOYED FROM: _____ TO: _____

HOURLY RATE / SALARY: STARTING _____ FINAL _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

JOB TITLE:

EMPLOYER: _____

ADDRESS: _____

DATE EMPLOYED FROM: _____ TO: _____

HOURLY RATE / SALARY: STARTING _____ FINAL _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

JOB TITLE:

EMPLOYER: _____

ADDRESS: _____

DATE EMPLOYED FROM: _____ TO: _____

HOURLY RATE / SALARY: STARTING _____ FINAL _____

SUPERVISORS NAME: _____

REASON FOR LEAVING: _____

JOB TITLE:

REFERENCES

PLEASE PROVIDE THE NAMES AND
PHONE NUMBERS OF AT LEAST 2 REFERECES
NOT RELATED TO YOU

NAME

PHONE NUMBER

NAME

PHONE NUMBER

NAME

PHONE NUMBER

Certificate of Applicant: (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand any omissions or misrepresentations on this application may result in rejection, or, if employed, may be cause for subsequent dismissal. I hereby authorize any former employer, person, firm, or corporation listed herein including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand that consideration for employment may be contingent upon the results of a reference and background check. I understand that this is a preliminary application and not a contract to employ me. I understand and agree that any employment I may obtain is for no definite period of time. If employed, I agree to comply with all rules of the company as a condition of continued employment. This Job Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information within their knowledge and/or records. I authorize the company to release to any person, firm, entity, or organization with which I may seek employment in the future, any truthful information concerning my work experience with the company. I hereby release and hold the company harmless from any claim for releasing any truthful information within its knowledge and/or records.

SIGNATURE: _____

DATE: _____

QUALIFIED APPLICANTS RECEIVE EQUAL CONSIDERATION. NO QUESTION IS ASKED FOR THE PURPOSE OF EXCLUDING ANY APPLICANT DUE TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, ETC.

DRAWING STRENGTH THROUGH DIVERSITY * EQUAL OPPORTUNITY EMPLOYER

THE STORE * 2050 EAST 6200 SOUTH, HOLLADAY, UTAH 84121 * 801.272.1212 * THESTOREUTAH.COM