



TONYS FINER FOODS EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Tony's Finer Foods to recruit, hire, train, promote, transfer, compensate, and provide all other conditions of employment including Company sponsored events without regard to race, color, creed, religion, national origin, sex, age, marital status, lawful alien status, sexual orientation, physical or mental disability, citizenship status, veteran status, or any basis prohibited by law.

Please complete all requested information. Use ink and print.

General Information

Today's Date		Date Available for Work	POSITION DESIRED:	SALARY DESIRED:
Name: Last	First	Middle	FULL TIME _____ 38 HOURS PER WEEK	PART TIME _____ LESS THAN 37 HOURS
Street Address			AGE (IF YOU ARE UNDER 18 YOU MAY HAVE TO PROVIDE A WORK PERMIT BEFORE STARTING WORK)	
Apt#			ARE YOU AT LEAST 18 YRS OLD? ____ YES ____ NO	
City			ARE YOU AT LEAST 16 YRS OLD? ____ YES ____ NO	
State			Zip	
Telephone (Home)		Telephone (Cell)		
IF YOU HAVE WORKED FOR OUR COMPANY BEFORE, STATE WHERE, WHEN, FINAL POSITION AND REASON FOR LEAVING:			PLEASE INDICATE THE HOURS (BOTH DAY AND EVENING) YOU ARE AVAILABLE TO WORK:	
			SUN _____ MON _____ TUES _____ WED _____	
			THURS _____ FRI _____ SAT _____	
			NOTE: ALTHOUGH EVERY EFFORT TO ACCOMODATE INDIVIDUAL PREFERENCES WILL BE MADE, BUSINESS NEEDS MAY REQUIRE ANY OR ALL OF THE FOLLOWING: EXTENSION OF HOURS, A ROTATING WORK SCHEDULE, SATURDAY AND/OR SUNDAY HOURS, OVERTIME.	
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE ____ YES ____ NO			DO YOU HAVE ANY RELATIVES EMPLOYED BY OUR COMPANY? ____ YES ____ NO IF YES IDENTIFY BY NAME AND LOCATION:	
IF YES WHERE:				
HAVE YOU EVER BEEN CONVICTED OF A CRIME BY A CIVILIAN OR MILITARY COURT: ____ YES ____ NO DISQUALIFICATION WILL DEPEND ON WETHER THE CONVICTION IS JOB RELATED.				

WORK EXPERIENCE (START WITH CURRENT EMPLOYER AND CONTINUE WITH FORMER EMPLOYERS)

EMPLOYER #1					EMPLOYER #2						
ADDRESS		STREET	CITY	STATE	ZIP	ADDRESS		STREET	CITY	STATE	ZIP
PHONE:	SUPERVISOR		TITLE			PHONE:	SUPERVISOR		TITLE		
POSITION:	FINAL SALARY:	REASON FOR LEAVING			POSITION:	FINAL SALARY:	REASON FOR LEAVING				
DATES OF EMPLOYMENT: □ FROM: TO :					DATES OF EMPLOYMENT: □ FROM: TO :						
EMPLOYER #3					EMPLOYER #4						
ADDRESS		STREET	CITY	STATE	ZIP	ADDRESS		STREET	CITY	STATE	ZIP
PHONE:	SUPERVISOR		TITLE			PHONE:	SUPERVISOR		TITLE		
POSITION:	FINAL SALARY:	REASON FOR LEAVING			POSITION:	FINAL SALARY:	REASON FOR LEAVING				
DATES OF EMPLOYMENT: □ FROM: TO :					DATES OF EMPLOYMENT: □ FROM: TO :						

PROFESSIONAL REFERENCES (BEST PERSONS FAMILIAR WITH YOUR WORK ABILITY (EXCLUDE RELATIVES))

NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:
NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:
NAME:	PHONE NUMBER:	HOW ACQUAINTED:	HOW LONG:

EMERGENCY CONTACT

IN CASE OF EMERGENCY, CONTACT (NAME):	(PHONE NUMBER):
---------------------------------------	-----------------

PLEASE COMPLETE REMAINDER OF APPLICATION ON REVERSE SIDE

DO NOT WRITE BELOW THIS LINE

(HIRING PERSONNEL: COMPLETE THIS SECTION ONLY AFTER AN OFFER OF EMPLOYMENT IS MADE.)				
JOB TITLE	FT OR PT	STORE #	MALE OR FEMALE	START DATE
DATE OF BIRTH	HOURLY OR SALARIED	RATE OF PAY HOURLY _____ SALARY _____		
RACE (CIRCLE ONE) WHITE - BLACK - HISPANIC- ASIAN/PACIFIC ISLAND- AMERICAN INDIAN		SIGNATURE OF HIRING INDIVIDUAL		

EDUCATION AND TRAINING			
	PLEASE PRINT NAME, STREET, CITY & ZIP FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	TYPE OF COURSE/MAJOR
HIGH SCHOOL			
COLLEGE			
ADDITIONAL TRAINING			

INDICATE THE JOB SKILLS WHICH YOU HAVE PERFORMED:

TYPING() WPM COMPUTER SOFTWARE LIST() OTHER _____

ADDITIONAL INQUIRIES

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYER : YES NO

IF YES, PLEASE EXPLAIN: _____

IF EMPLOYMENT IS OFFERED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

WHY ARE YOU INTERESTED IN WORKING FOR OUR COMPANY? _____

WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOBS? _____

REFERRAL SOURCE

_____ WALK-IN APPLICANT _____ AGENCY _____ EMPLOYEE REFERRAL _____ NEWSPAPER _____ OTHER

IF HIRED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY, I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL. THIS MEANS THAT I DO NOT HAVE A CONTRACT OF EMPLOYMENT FOR ANY PARTICULAR DURATION OR LIMITING THE GROUNDS FOR MY TERMINATION IN ANY WAY. I AM FREE TO RESIGN AT ANYTIME. SIMILARLY, THE COMPANY IS FREE TO TERMINATE OR CHANGE THE TERMS AND/OR CONDITIONS OF MY EMPLOYMENT AT ANYTIME FOR ANY REASON OR NO REASON. THE ONLY TIME MY AT WILL STATUS COULD BE CHANGED IS IF I WERE TO ENTER INTO A WRITTEN CONTRACT WITH THE COMPANY EXPLICITLY PROMISING ME JOB SECURITY.

ALL OF THE INFORMATION I HAVE SUPPLIED IN THIS APPLICATION IS A TRUE AND COMPLETE STATEMENT OF THE FACTS, AND IF EMPLOYED, ANY OMISSIONS OR FALSE OR MISLEADING STATEMENTS, ON THIS APPLICATION OR DURING THE INTERVIEW PROCESS COULD RESULT IN IMMEDIATE DISMISSAL REGARDLESS OF WHEN SUCH INFORMATION IS DISCOVERED. I FURTHER AUTHORIZE ALL COURTS, PROBATION DEPARTMENTS, PROSECUTOR'S OFFICES, BOARDS, EMPLOYERS, EDUCATIONAL AND CREDIT COMPANIES, OTHER INSTITUTIONS AND AGENCIES, WITHOUT EXCEPTION, TO FURNISH THE COMPANY OR ITS REPRESENTATIVES ANY INFORMATION ANY OF THEM HAVE CONCERNING ME. 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 RELEVANT FEDERAL AND STATE LAWS. I FURTHER AUTHORIZE A CHECK BY ANY CONSUMER AGENCY OF MY EMPLOYMENT HISTORY AS WELL AS ANY INCIDENTS OF EMPLOYMENT DISHONESTY, RETAIL THEFT OR CRIMINAL ACTIVITY. I UNDERSTAND THAT MY EMPLOYMENT AND/OR RETENTION MAY BE AFFECTED IN WHOLE OR IN PART FROM A REPORT RECEIVED FROM THIS AGENCY. I HEREBY DISCHARGE AND EXONERATE THE COMPANY, ITS AGENTS AND REPRESENTATIVES, OR ANY PERSON SO FURNISHING INFORMATION, FROM ANY LIABILITY AND ALL LIABILITY OF EVERY NATURE AND KIND ARISING OUT OF THE FURNISHING, INSPECTION OR COLLECTION OF SUCH DOCUMENTS, RECORDS AND OTHER INFORMATION OR THE INVESTIGATION MADE BY THE COMPANY. A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL. (WHEREVER LEGALLY REQUIRED, A COPY OF ANY CREDIT REPORT AND OTHER INFORMATION WILL BE AVAILABLE UPON MY REQUEST.)

I AGREE TO PROTECT THE COMPANY'S CONFIDENTIAL INFORMATION, TRADE SECRETS, AND OTHER PROPRIETARY INFORMATION AND WILL NOT REVEAL SUCH INFORMATION TO ANYONE AT ANYTIME DURING OR AFTER CESSATION OF MY EMPLOYMENT.

I FURTHER UNDERSTAND THAT THE COMPANY WILL NOT EMPLOY PERSONS WHO USE ILLEGAL DRUGS OR ENGAGE IN SUBSTANCE ABUSE, AND THAT THE COMPANY RETAINS THE RIGHT TO SCREEN FROM EMPLOYMENT SUCH INDIVIDUALS.

IF HIRED, I UNDERSTAND THAT THE FIRST 90 DAYS OF EMPLOYMENT ARE CONSIDERED A PROBATIONARY PERIOD, DURING THAT TIME I WILL NOT BE CONSIDERED A REGULAR EMPLOYEE. I WILL BE CONSIDERED A REGULAR EMPLOYEE AFTER I HAVE SUCCESSFULLY COMPLETED THIS PROBATIONARY PERIOD.

Email Address _____ @ _____ SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION WILL ONLY BE CONSIDERED FOR 3 MONTHS, AFTER THAT TIME, YOU MUST COMPLETE A NEW APPLICATION FOR FURTHER CONSIDERATION