



### APPLICATION FOR EMPLOYMENT

LOCATION:  Star Super Markets  Star Discount Pharmacy  Hunnington Pharmacy  
(CHECK ONE)  Propst Home Health Care  Propst Discount Drugs  Terry's Pizza

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

#### PERSONAL INFORMATION:

FULL NAME \_\_\_\_\_ SS# \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_  
STREET APT. CITY STATE ZIP

HOME TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? { } Y { } N  
IF YES, NAME OF RELATIVE: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? { } YES { } NO  
IF YES, WHERE? \_\_\_\_\_ APPROXIMATE DATE: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? { } YES { } NO  
IF YES, WHERE? \_\_\_\_\_ APPROXIMATE DATE: \_\_\_\_\_

DO YOU CURRENTLY CHEW OR SMOKE TOBACCO PRODUCTS? { } YES { } NO

#### GENERAL INFORMATION:

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE: \_\_\_\_\_ IF UNDER 18 YEARS OF AGE, CAN YOU  
SUPPLY WORKING PAPERS? { } YES { } NO

ONLY U.S. CITIZENS AND/OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S., ARE ELIGIBLE FOR  
EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING  
YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? { } YES { } NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? { } YES { } NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT).

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? { } YES { } NO  
 IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PLEASE CHECK SCHEDULE AVAILABILITY:**

HOURS AVAILABLE	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M
	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M
TO	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M	{ } A.M
	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M	{ } P.M

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

DESIRED WAGE: \_\_\_\_\_ DATE AVAILABLE TO WORK: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

DATE EMPLOYED MONTH/YEAR	EMPLOYERS NAME/PHONE#	SALARY	POSITION	REASON FOR LEAVING

**PERSONAL OR BUSINESS REFERENCES:**

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NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACUAINED
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NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACUAINED
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NAME	ADDRESS/PHONE	RELATIONSHIP	YEARS ACUAINED
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LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFCATIONS INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

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**ATTENDANCE AND PUNCTUALITY INFORMATION:**

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THIS COMPANY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU ARE OFFERED A JOB WITH THE COMPANY? { } YES { } NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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**PLEASE READ BEFORE SIGNING:**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

IT IS THE POLICY OF THE COMPANY TO AFFORD EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, EXPUNGED JUVENILE RECORDS, OR PREGNANCY, AND TO AFFORD EQUAL OPPORTUNITIES TO DISABLED VETERANS, VETERANS OF THE VIETNAM ERA, AND INDIVIDUALS WITH A DISABILITY, ANY AND OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THE APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME, I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF THE COMPANY, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY THE PRESIDENT OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ STORE LOCATION: \_\_\_\_\_